

**Money Follows the Person
Rebalancing Demonstration Grant**

**Idaho Home Choice
Draft Operational Protocol
2011–2020**



**State of Idaho
Department of Health and Welfare
Version 1.2 April 13, 2017**

Grant No. CMS-1LI-11-001-011751

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State of Idaho: Money Follows the Person Rebalancing Demonstration Idaho Home Choice

Program Abstract

The state of Idaho proposes to continue rebalancing its long-term services and support system so individuals have more choices in determining where they live and the services they receive. Idaho plans to use the current 1915c waivers and self-direction services to help individuals living in institutions to live in the place of their choice. The goal of the Money Follows the Person (MFP) demonstration in Idaho is to encourage rebalancing by improving the transition process from an institution to community living through increasing outreach and decreasing barriers to transition.

Idaho Home Choice will transition 600 qualified participants who currently are in institutions to Home and Community Based Services (HCBS). The Idaho Home Choice Program will also increase state Medicaid expenditures for HCBS during each year of the demonstration program as well as show a percentage increase in HCBS versus institutional long-term care expenditures under Medicaid. Through the demonstration piece of the Home Choice Program, Idaho will use transition managers to ensure that individuals and their families have access to the resources, information, and paid and informal supports they need to live successful lives and be included in their communities. The Idaho Home Choice Program will also develop additional outreach materials targeting potential participants. Lastly, the Home Choice Program will offer transitional services to participants of the Idaho Home Choice Money Follows the Person Demonstration.

Idaho will use grant funds for enhanced match to provide home and community-based services to more individuals, improve outreach efforts, and invest more funds in transition processes. The Idaho Home Choice Program will be accomplished through partnerships with multiple stakeholders that include individuals with disabilities and their families, state agencies, community providers, consumer advocacy groups, Boise State University, the University of Idaho, and the College of Western Idaho. The Idaho Department of Health and Welfare, the single state agency responsible for the administration of Idaho's Medicaid Program, will have overall responsibility for administering this program.

The total initial proposed budget for this program is \$ \$8,350,697 Federal and state dollars.

Idaho will request \$2,277,938 in administrative expenses. It is anticipated that Idaho will seek supplemental funding in the amount of \$10,276,220 for years four through ten to accommodate the increase in transitions, the sustainability plan implementation, and closeout of the program.

State of Idaho: Money Follows the Person

Program Introduction

Organization and Administration

Systems Assessment and Gap Analysis

The Money Follows the Person (MFP) Rebalancing Demonstration Program was authorized by Congress in section 6071 of the Deficit Reduction Act (DRA) of 2005 and was designed to help states balance their long-term care systems and help Medicaid participants transition from institutions to the community. The MFP Demonstration Program reflects a growing consensus that long-term supports must be transformed from being institutionally based and provider-driven to person-centered, consumer-directed, and community-based.

The Department of Health and Welfare administers Medicaid in Idaho. In applying for the MFP grant, Idaho is reinforcing its ongoing commitment to serving individuals in the most integrated setting. This commitment is apparent in the state's existing policies and programs, including the home and community-based services (HCBS) waivers that will serve MFP participants. Idaho is also fortunate to have an exceptional community of advocates and consumers who push the state to continue to improve its efforts. Diverse groups of individuals, organizations, and agencies have been brought together in the development of this Operational Protocol. As a result, the partnership between provider networks, advocacy groups, and state agencies has been strengthened and will continue to be nurtured by the Program Manager 2 in order to achieve the goals of the demonstration. With the approval of this Operational Protocol, the state will embark on a variety of new rebalancing initiatives that complement current programs and lay the groundwork for progress into the future.

Idaho intends to move forward with a long-term care system that promotes and fosters

greater utilization of the existing robust array of home and community-based services and supports designed to promote choice and independence for individuals who are aging and have care needs or physical, mental, or developmental disabilities. The state intends to use MFP funding to promote implementation of an institutional transition and rebalancing program that uses MFP methodology and operates statewide across long-term care populations. There are no state legislative or regulatory changes necessary for Idaho to move forward with long-term care rebalancing goals. In the community, MFP demonstration participants will access services through existing HCBS waiver programs or state plan services. In 2008, the AARP Public Policy Institute recognized Idaho as one of the top 10 states in the country to rebalance its long-term care services, allowing seniors and individuals with disabilities to remain in their homes by providing in-home services through an HCBS waiver. In SFY2009, Idaho increased the percentage of long-term care spending for HCBS from 38 percent to 42 percent. Idaho currently has two waiver programs in place: The Developmental Disabilities Waiver and the Aged and Disabled Waiver.

As of SFY2009, the Idaho Developmental Disabilities Waiver serves approximately 2,323 individuals at an average cost of \$3,910 per month compared to an average cost of \$7,258 per month for services in an intermediate care facility for the developmentally disabled/mentally retarded (ICF/MR). For a participant to be eligible the department must find that the participant requires services due to a developmental disability that impairs mental or physical function or independence, is capable of being maintained safely and effectively in a non-institutional setting, and would, in the absence of such services, need to reside in an ICF/MR. Crisis response and capacity for individuals with developmental disabilities has been a focus of the Department of Health and Welfare, Division of Family and Community Services (FACS). As a result, in 2009, the population at Idaho State School and Hospital (ISSH) continued to decline from 80 to 74. Four

staff positions were reassigned from direct care with ISSH to a community crisis team with members stationed locally in Coeur d'Alene, Nampa, and Blackfoot. These crisis team members have been instrumental in continuing to reduce the population by placing people in community care as well as diverting possible admissions to suitable alternatives. The total ICF/MR population including those at ISSH is 307 participants including 97 children. Medicaid will be working closely with FACS to continue transitioning qualified residents to HCBS through the MFP grant. Eligible participants may choose to receive either traditional waiver services or "My Voice – My Choice" self-directed services. Participants who select traditional services use a plan developer to develop a plan of care that outlines the services and supports necessary to maintain the participant safely and effectively in the community. These participants receive Medicaid waiver services from traditional Medicaid providers who have provider numbers and bill directly through the Medicaid Management Information System.

The Developmental Disabilities Waiver includes a supervised structured day program as well as personal care, medical, housekeeping, general household activity, and residential habilitation services. Residential habilitation services consist of an integrated array of individually tailored services and supports furnished to eligible recipients that are designed to help them successfully reside in their own homes, with their families, or an alternate family home. The waiver also provides for supported employment, companion services, physical adaptations to the home, home delivered meals, non-medical transportation, crisis management services, skills training in decision-making, money management, daily living skills training, socialization services, mobility training, and behavior shaping and management training.

Additionally, Idaho offers supported employment and specialized medical equipment and supplies including devices, controls, and appliances specified in the plan of care that enable

recipients to increase their abilities to perform activities of daily living or communicate with the environment in which they live. Supports also include items necessary for life support, ancillary supplies and equipment, and durable and non-durable medical equipment that are not available under the Medicaid State Plan. Community support services provide goods and supports that are medically necessary or minimize the participant's need for institutionalization and address the participant's preferences for job support, personal support, relationship support, emotional support, learning support, transportation support and adaptive equipment identified in the participant's plan that meets a medical or accessibility need and promotes increased independence. Skilled nursing services are also available and provide emergency technician services for participants in crisis. Participants who select traditional waiver services are given an orientation to developmental disability services and a list of approved plan developers.

Participants can develop their own plan or designate a paid or non-paid plan developer. Participants who select self-directed services use a support broker to develop a plan of care that outlines the services and supports necessary to maintain the participant safely and effectively in the community. Self-directed participants also make use of a fiscal employer agent (FEA) to enter into agreements with their selected community support workers. The participants' community supports bill for services through the FEA.

Participants receive orientation training on self-direction from Medicaid staff members. The success of this program will pave the way for additional consumer and family-directed services in the future.

The Aged and Disabled Waiver is also available in Idaho. As of SFY2009, there were 7,813 adults on the Aged and Disabled Waiver with an average per member per month cost of \$2,800, while the average per member per month cost for nursing facility care was \$5,349.

Participants must be 18 years or older if disabled, and 65 years or older if aged. The waiver serves traumatic brain injury participants as well. They must meet nursing facility level of care and income must be at, or less than, 300% of the Social Security Income Federal Benefit Rate. Medicaid reviewers interview the participant, caregiver, and family members using the questions on the Uniform Assessment Instrument to determine the services needed and those not provided by family or community sources. Staff uses their professional judgment as to whether the individual can be safely maintained in the living situation of their choice with these services. Services include adult day care, adult residential care, assistive technology, attendant care, chore services, companion services, consultation for caregiver education, home modifications, home delivered meals, medical and non-medical transportation, personal emergency response system, psychiatric consultation, respite care for non-paid caregivers, skilled nursing hourly RN services, and traumatic brain injury services. Even though Idaho has had some success at improving Home and Community Based Services, there are gaps in the system that will be addressed through this Operational Protocol.

One of the gaps in the current LTC HCBS system is the lack of awareness of the benefits and services available through Idaho's Home and Community Based services waivers. This lack of awareness contributes to avoidable problems, such as unplanned readmission to hospitals resulting from an acute healthcare episode, and unsuccessful home transitions due to lack of assistance needed to achieve a successful recovery. An additional gap in Idaho's current HCBS is poor access to adequate housing supports. Individuals either have no place to go or cannot sustain housing once they are transitioned. Lastly, Idaho's current HCBS do not include transition management services or supports. Developing these services and supports will increase the number of successful transitions from institutionalized care to home and community based

services. Idaho would like to build on the existing HCBS services to improve access to housing supports, increase the awareness and use of home and community based services through educational and outreach programs, and offer more transitional services for individuals wishing to move back into the community.

Medicaid contracts with the College of Western Idaho to provide curriculum development and training to transition manager train the trainers. The College of Western Idaho is the expert in the region on providing workforce development. They have also developed curriculum for the Idaho Bar Association on guardianships. The train the trainers come from the Idaho Centers for Independent living. The Centers send three individuals from each center to the train the trainer training. They hold 6 regional certified trainings across the state to train a qualified cadre of transition managers.

Transition managers are “experts” in understanding available private and public programs, eligibility criteria, and processes to better prepare and provide individuals with their options to “map out” a transition plan. Transition managers assess support needs through a standardized assessment instruments based on their current location, identify formal and informal supports available to the individual, and work collaboratively with the individual to identify specific goals and desires that will be included in a formal Person Centered Transition Plan. Transition managers work closely with qualified institutional setting discharge planners and staff to ensure an effective, comprehensive, and supportive approach to meeting the goals and outcomes of the individual’s plan. Transition managers help individuals apply for available programs and services. Transition managers conduct ongoing follow up once an individual has met their needs and goals and help with any future changes or needs when necessary.

Transition managers provide services to the MFP participant for up to 12 weeks pre-

transition and up to 12 weeks after the transition has been made. Transition managers conduct ongoing follow up once an individual has met their needs and goals and help with any future changes or needs when necessary. Thirty days prior to the expiration of the demonstration year, the electronic MMIS system notifies the transition manager, nurse reviewer and HCBS provider that the participant will be transitioning from grant-funded services to one of the 1915 (c) waivers or State Plan Services and the MMIS indicates the services to which the participant will have access to. The nurse reviewer and provider meet with the participant/participant's family to explain the transition will be seamless and there will be no changes in the supported living situation, daily activities, or self-direction option. The transition manager ensures that all their reporting requirements are met, and on day 366 after the participant's transition, the involvement of the transition manager ends.

Continuity of services after an individual completes his or her demonstration year is guaranteed through access to Idaho Medicaid's Aged and Disabled Waiver, Developmental Disability Waiver or state plan services, which include additional supports to allow the participant to be successful when choosing Home and Community Based Services. Program participants will also be assisted to access other community-based services for which they may qualify. At the end of demonstration services, waiver services and benefits for which an individual qualifies will support continued home and community based living. This results in no loss of services and supports to individuals who transitioned under demonstration services.

The participant accesses all HCBS services through Idaho Medicaid through either the existing 1915(c) waivers or state plan Medicaid services, which both include additional supports to allow the participant to be successful when choosing Home and Community Based Services.

Medicaid is also developing partnerships with policymakers and key stakeholders through

the Long Term Care Policy Advancement Steering Committee, Idaho Commission on Aging, Elder Justice Community Collaboration, Community Care Advisory Council, Personal Assistant Oversight Committee (PAO), Medical Care Advisory Committee (MCAC), and Council on Developmental Disabilities to develop and implement a person-centered planning and resource network in Idaho. These councils/committees include consumers, families, and advocates for the disabled.

To summarize, through increased outreach and awareness of Idaho's current HCBS and additional supports for transition services, the Idaho Home Choice Demonstration Program will achieve the following:

- Increase the use of home and community-based services in relation to institutional, long-term care services by transitioning 600 individuals from institutions to Home and Community Based Services.
- Eliminate barriers that would prevent individuals to receive support for long term-care services in the settings of their choice by providing supplemental transition management and services for individuals transitioning from nursing facilities to communities, increasing the level of outreach provided to individuals residing in nursing facilities and collaborating with other statewide networks, such as Area Agencies on Aging for additional outreach activities.
- Increase the ability of the Medicaid program to ensure the continued provision of home and community-based long-term care services by reinvesting the savings back into Home and Community Based Services supports and systems.
- Ensure procedures are in place to provide quality assurance and continuous quality improvement in Medicaid home and community-based long-term care services by utilizing

the same level of quality assurance and improvement already provided under Idaho's 1915(c) HCBS waivers.

- Administrative Structure

The Idaho Department of Health and Welfare (IDHW) manages the Idaho Home Choice Program. This structure provides great coordination of services across programs as well as high-level support within IDHW. The Division of Medicaid, which resides in the Department of Health and Welfare, has oversight responsibilities for the grant. Medicaid collaborates across multiple divisions within IDHW including the Division of Welfare, the Division of Behavioral Health, and the Division of Family and Community Services. These partnerships were established through a Memorandum of Agreement and continue to be in place since the grant has been extended. Other areas within Medicaid that will be providing in-kind support include:

- The Bureau of Financial Operations for data and finance support.
- The Office of Program Development for data support.
- The Bureau of Developmental Disability Services for support through DD Waiver services.
- The Office of Mental Health and Substance Abuse for assessing and authorizing crisis benefits available under the current HCBS waiver.

Medicaid has hired a full time Project Manager 2 and Project Manager 1 to manage the Idaho Home Choice Program. The Bureau of Long Term Care in the Division of Medicaid within the Idaho Department of Health and Welfare supervises these staffing positions.

Additionally, there are workgroups addressing areas of the Home Choice demonstration such as outreach, marketing, education, housing, participant recruitment, enrollment, benefits, services, consumer supports, self-direction, informed consent, guardianship, quality assurance, and continuity of care. Each group will be comprised of IDHW staff, consumers and their families,

providers, community advocates, and others. A detailed organizational chart is included in **Attachment 1** and a chart of stakeholders and workgroups can be found on page 43.

Benchmarks

The following are the five benchmarks that will be measured for the Idaho Home Choice - Money Follows the Person Demonstration:

Benchmark #1: Successfully transition the programmed number of eligible individuals in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.

For calendar year 2009, 3,653 elderly and 1,176 physically disabled Medicaid participants resided in skilled nursing facilities. For this data, elderly is defined as individual over the age of 65 while physically disabled is defined 64 and under. Three hundred seven (307) adult Medicaid participants resided in ICF/MRs in calendar year 2009. From historical data, it is reasonable to assume that Idaho could successfully transition 145 of the MR/DD and Physically Disabled participants and 180 of the elderly participants from institutions to Home and Community Based Services with added transitional services. Based on this data, the following table represents the programmed number of eligible individuals in each target group to be assisted in transitioning from a qualified institutional setting to a qualified residence during each year of the demonstration beginning April 1, 2011.

Calendar Year	Elderly	Individuals with MR/DD	Physically Disabled	Mental Illness	Total
2011	0	2	2	0	4
2012	25	14	22	5	66
2013	19	12	36	7	74

2014	24	13	57	2	96
2015	28	13	39	1	81
2016	30	16	45	4	95
2017	35	15	47	0	97
2018	35	15	37	0	87
TOTAL	196	100	285	19	600

Benchmark #2: Increase State Medicaid Expenditures for HCBS during each calendar year of the demonstration program.

Programmed qualified expenditures are shown in the table below. These figures are based on historical waiver costs that have traditionally increased an average of 8% each year since 2006 and include state and Federal dollars. The HCBS (A & D and DD waivers) amounts were based on the 2009 state fiscal year Medicaid expenditure data and were trended forward by 2 percent in year 1 and 8 percent for years 2 through 5 of the demonstration. Year 1 will not begin until the Operational Protocol is approved. Idaho does not anticipate any transitions until the third quarter of year one resulting in a lower increase in HCBS Qualified Expenditures.

Year	2011	2012	2013	2014	2015	2016	2017	2018
HCBS Qualified Expenditures	\$173,681,787	\$187,576,330	\$202,582,436	\$218,789,031	\$236,292,154	\$255,195,526	\$275,611,168	\$297,660,061

Benchmark #3: Demonstrate a percentage increase in HCBS versus institutional long-term care expenditures under Medicaid for each calendar year of the demonstration.

As an integral part of Idaho's efforts to shift the balance from institutional care to home and community-based services, Idaho intends to increase HCBS expenditures versus institutional care through increased outreach and awareness, transition management and services, and fostering partnerships with other agencies to provide housing supports and services. The savings from this rebalancing effort will be invested back into Home and Community Based Services by continuing outreach and awareness efforts and evaluating the success of the transition management and services for possible incorporation into the 1915(c) waiver benefits.

The annual benchmarks are expressed as the percentage of all long-term care-funding going to home and community-based long-term care. The rebalancing benchmarks are based on programmed expenditures for home and community-based services described in the spending benchmark above. Historical waiver costs have traditionally increased an average of 8% each year since 2006. The institutional amount includes qualified institutional settings paid by Medicaid. Year 1 will not begin until the Operational Protocol is approved. Idaho does not anticipate any transitions until the third quarter of year one resulting in a lower percentage trended forward.

Percentage Increase In HCBS Expenditures vs. LTC	2011	2012	2013	2014	2015	2016	2017	2018
SFY2009 Baseline is 42%	2%	8.47%	6.63%	14.06%	16.78%	18.79%	8%	8%

Benchmark #4: Demonstrate an increase in the utilization of transition managers used to assist Medicaid participants to find appropriate services and supports in the community for each calendar year of the demonstration.

The demonstration component of the Idaho Home Choice Program will use transition

mangers to help Medicaid participants make the move from institutionalized care to home and community- based services. Idaho Medicaid currently does not use transition managers for HCBS participants. Idaho believes adding this will make a remarkable difference in successfully transitioning and sustaining participants in the community. Idaho does not anticipate that all MFP participants will utilize transition management, as some will not have as great of a need as others. Therefore, the benchmark is set for 80% of participants to utilize transition management services for each year of the demonstration. Idaho will track utilization rates and the number of participants that successfully utilize Home and Community Based Services longer than 365 days through the MMIS system. The transition management piece is further outlined in Section 5, Benefits and Services.

Increase in Utilization of Transition Managers	2011 Baseline	2012	2013	2014	2015-2018
MFP Participants Utilizing Transition Managers	0	43	52	64	78

Benchmark #5: Demonstrate an increase in the use of “one-time” transition services.

One-time transition services will be offered to all Idaho Home Choice Participants. These services will be available 180 days before transition and up to 365 days after transition occurs. Idaho does not anticipate that all MFP participants will utilize transition services, as some will not have as great of a need as others. Therefore, the benchmark is set for 80% of participants to utilize transition management services for each year of the demonstration. Idaho will track amount of services used, types of services used, and the number of participants that successfully utilize Home and Community Based Services longer than 365 days. The transition services piece is further outlined in Section 5, Benefits and Services.

Increase in Utilization of Transition Services				2011 Baseline	2012	2013	2014	2015- 2018
MFP	Participants	Utilizing	One-Time Transition Services	6	43	52	64	78

Demonstration Policies and Procedures

Participant Recruitment and Enrollment

Describe the target population that will be transitioned and the recruitment strategies and processes that will be implemented under the demonstration.

Identifying Individuals for Transition

Identification of potential MFP candidates within institutions can occur one of three ways:

1. Referral for Money Follows the Person (via self, family, facility, ombudsman staff/volunteer).
2. Outreach/marketing of community based services and Idaho Home Choice Money Follows the Person.
3. Focused screening of individuals who expressed an interest to return to the community on the MDS, section Q1-A.

Idaho currently has a system in place that utilizes MDS Section Q data that follows the Centers for Medicare and Medicaid guidelines. In an effort to work collaboratively with stakeholders within Idaho, the Department has developed a multifaceted approach. There is a designated point of contact and information is posted on the Department of Health and Welfare's Bureau of Facility Standards website. The Idaho Commission on Aging (ICOA) has been designated as the local

contact agency. The resident will be referred to the ICOA if the resident has transition needs that the SNF/NF cannot plan for or provide. Nursing home staff may contact ICOA for those residents who express a desire to learn about possible transition back to the community. ICOA's role is to contact individuals referred to them by nursing facilities through the Section Q processes in a timely manner, provide information about choices of services and supports in the community that are appropriate to that individual's needs, and collaborate with the nursing facility to organize the transition to community living if possible. ICOA will respond to nursing home staff referrals by providing information to residents about available community-based long-term care supports and services. If the resident is a Medicaid participant, ICOA will forward the referral to the local Medicaid office. When the local Medicaid office receives the referral from ICOA, the support staff will review demographic information and refer to the appropriate Nurse Reviewer (NR) or Care Manager (CM). The NR or CM will contact the participant or responsible party with 10 business days to discuss home and community based service options. ICOA may use the following as resources to provide the facility and/or resident with assistance:

Center for Independent Living (CIL)

Area Agency on Aging (AAA)

Aging & Disability Resource Center (ADRC)

Money Follows the Person program (MFP)

Developmental Disabilities Administration

Mental Health Administration

In addition to this system, Idaho will be obtaining a Data Use Agreement (DUA) for the Minimum Data Set (MDS) authorizing the sharing of information between the Bureau of Long Term Care and the Bureau of Licensing and Certification. This will assist in not only identifying

MFP participants but also facilitate additional Quality Assurance activities for Money Follows the Person participants.

The target populations selected for transition include individuals residing in Idaho in a qualified institutional setting for a minimum of 90 consecutive days excluding their short-term rehabilitation stay and who are eligible for Medicaid at least one day prior to the transition. In addition, these individuals must meet the financial and level-of-care eligibility for Idaho's existing Aged and Disabled or Developmental Disability HCBS Waivers or financial eligibility for Medicaid State Plan Services. Therefore, the elderly and those with a physical or mental disability will comprise the target population. The target region for these populations is the entire state.

Idaho has hired a full time Project Manager 2 and full time Project Manager 1. These are IDHW positions and the employees oversee, coordinate, and manage the Idaho Home Choice Program including the process of transitioning individuals to home and community-based services (HCBS) (see **Attachment 2** for job descriptions). They develop the outreach, education, and marketing effort and work closely with the following stakeholders to identify potential Idaho Home Choice participants:

- Division of Medicaid
- Division of Family and Community Services
- Division of Behavioral Health
- Division of Welfare
- Idaho Division of Vocational Rehabilitation
- State Independent Living Council
- Idaho Commission on Aging
- Idaho Centers for Independent Living

- Idaho Council on Developmental Disabilities
- Long-Term-Care Ombudsmen offices
- Disability Rights Idaho
- The Idaho Home Choice Program contact information will be provided to all Medicaid participants residing in qualified institutional settings as part of the outreach effort. This information will be provided via letters and brochures. When residents contact the program, they will be assigned to a transition manager, if needed, who will initiate the transition activities. In all cases, involvement of an individual's family will be considered if the individual has provided permission for the family to be involved.

In each community, staff and advocates who work with the target populations will provide information to potential participants and put them in touch with a transition manager when needed. Once an individual has been identified as a potential Idaho Home Choice participant, family member, guardian, and/or significant others to provide a comprehensive overview of the MFP demonstration program and Idaho Home Choice. They will disseminate transition packets to eligible individuals at each of the facilities that include: (1) cover letter; (2) MFP application (referral) form with information about who to call; (3) MFP Informed Consent form; (4) Brochure and Fact Sheet; (5) Eligibility Information; (6) Idaho Home Choice Participant Handbook; and (7) Qualified Residence Form.

The transition manager will review and discuss with the participant, families/guardians, and qualified institutional setting staff information from the Minimum Data Set (MDS) including Section Q and the Uniform Assessment Instrument (UAI) used by the facility to determine medical support, personal care, and other supports available to meet the individual's needs for transitioning to a qualified residence. The Transition manager will answer questions, address concerns, and

establish methods for on-going communication (phone, email, face-to-face, etc.). The transition packets are intended to assist the individuals in making an informed decision about transition to the community.

Qualified Institutional Settings

Qualified institutional settings include skilled nursing facilities (NF), intermediate care facilities for the mentally retarded (ICF/ID) and institutions for mental diseases (IMD). A level of care assessment will be conducted and a service plan will be developed specific to the needs of each individual following the requirements of the waiver program for which they are eligible.

Residency Requirements

Idaho Home Choice participants will be residents of Idaho and meet the minimum residency requirement of 90 days excluding any short-term rehabilitation services funded through Medicare. The Idaho Home Choice Coordinator will ensure that the required residency period has been met. This is achieved through information in the Medicaid MMIS, contact with qualified institutional setting staff, and physical review of individual medical records.

Process for Assuring Medicaid Eligibility

In Idaho, Medicaid eligibility is determined based on regulations established by the Idaho Department of Health and Welfare. The Division of Welfare within the Idaho Department of Health and Welfare is responsible for determining and certifying financial eligibility for all Medicaid participants. Once a participant is identified for the Idaho Home Choice Program, Medicaid staff within the Bureau of Long Term Care or Bureau of Developmental Disabilities Services will verify that the person is eligible for Medicaid. If the participants choose to use transition management services, the transition manager can also verify Medicaid eligibility

through the Division of Welfare or the Division of Medicaid, Bureau of Long Term Care.

Enrollment

Individuals who wish to participate in the Idaho Home Choice program or, if appropriate, the individual's legal guardian or representative, will be required to sign an Informed Consent (**see Attachment 3**) indicating that they have freely chosen to participate, are aware of and understand the transition process, have full knowledge of the supports and services provided, and have been informed of their rights and responsibilities as participants. Additionally, transition managers or Medicaid staff will inform participants and/or their family/guardian about the state's protections from abuse, neglect, and exploitation and the process for reporting critical incidents. The Idaho Long Term Care Ombudsman is housed in the Idaho Commission on Aging. The Ombudsman investigates complaints and responds to requests for assistance from older individuals living in long-term care facilities as well as from those living in the community in residential care or assisted living facilities. The Ombudsmen provide services to protect the health, safety, welfare, and rights of the elderly. There are offices and hotlines in six regions in the state. In addition, MFP participants can report abuse, neglect, and exploitation through the Idaho Bureau of Facility Standards and the Idaho Office of Attorney General. There are also systems in place to report abuse of disabled adults and children through adult protection and the Idaho Department of Health and Welfare. There are three additional abuse hotlines provided statewide including the 2-1-1 Idaho CareLine. Training will be provided to transition managers and Medicaid staff involved in Idaho Home Choice regarding the processes and procedures for reporting critical incidents. Additional information on reporting is included in the Consumer Supports section under MFP Complaint Process and in the Quality section under Complaint/Critical incident Tracking System.

Re-enrollment Policy

Participants who have not completed 365 days in the MFP Program

When an MFP demonstration participant is readmitted into an inpatient facility for a period of time less than 30 days, the participant remains enrolled in the program.

When an MFP demonstration participant is readmitted into an inpatient facility for a period of time greater than 30 days, the participant will be considered as dis-enrolled from the MFP demonstration program. However, Idaho may choose to re-enroll a former MFP participant that was dis-enrolled prior to the completion of 365 days in the demonstration back into the MFP demonstration without re-establishing the 90-day institutional residency requirement. That participant is eligible to continue to receive MFP services for any remaining days up to the maximum 365 days of demonstration participation at the enhanced FMAP for those MFP services during that period.

Participants who have completed 365 days in the MFP Program

Idaho will allow individuals who have been re-institutionalized after completing their initial 365 days of participation to enroll in MFP as a new participant if they are “qualified individuals” who have been in a “qualified institution” for at least 90 consecutive days less any short-term rehabilitative days as per the MFP Policy guidance on “Qualified Individual” dated 5-17-10. The qualified participant must transition into MFP “qualified housing.” Medicaid nurse reviewers or care managers will re-evaluate the former MFP participant’s post MFP Program Plan of Care and make appropriate changes before being re-enrolling the person back into the MFP demonstration program. The nurse reviewer or care manager will determine if the Plan of Care could not be carried out as a result of:

- a. Medical and/or behavioral changes resulting in the necessity of readmission into the

inpatient facility.

- b. The lack of community services that adequately supported the participant that were originally identified in the original plan of care.
- c. The plan of care was not supported by the delivery of quality services.

After determining the basis for re-institutionalization and changes are made to the plan of care that take into consideration the possible causes for a return to institutional care, a former participant who had been previously enrolled in the MFP program for 365 days, may be re-enrolled into the program.

Information to Make Informed Choices

The transition managers will ensure that each eligible individual, or the individual's authorized representative, are provided the opportunity to make an informed choice regarding whether to participate in the Idaho Home Choice program. Information will be provided that explains how the program works, what the benefits are, what supports are offered, and how to apply to participate. During the protocol development process Medicaid engaged stakeholders, including institutional providers, in discussions to plan the most effective methods to communicate with, and provide information to, the target groups. I

It is anticipated that this will include developing marketing materials and working closely with grassroots community groups such as the Idaho Council on Developmental Disabilities, the Division of Medicaid, the Division of Behavioral Health, local mental health providers, the Area Agencies on Aging, the Councils on Independent Living, etc. Participants will also select the qualified residence in which they will reside. As part of the transition planning process, actual community-based living options will be discussed and visited.

Transition managers will work with guardians of Idaho Home Choice participants to explain the program, safeguards, and operating procedures. They will also work with the guardian and individual during the transition process so they fully understand their rights. Each individual identified for transition to the community will be provided with information regarding protection from abuse, neglect, and exploitation and the process for notifying the appropriate authorities if the participant is subject to abuse, neglect, or exploitation. The transition manager will give this information to the individual as well as to other identified family members or legal guardians during the service planning process.

Explain how training and/or information is provided to participants (and involved family or other unpaid caregivers, as appropriate) concerning the State's protections from abuse, neglect, and exploitation (ANE), including how participants (or other informal caregivers) can notify appropriate authorities or entities when the participants may have experienced abuse, neglect or exploitation.

Information on reporting abuse, neglect or exploitation is provided in writing to the participants and, when appropriate, to identified family members or legal guardians. The service provider must ensure that participants or their responsible parties are informed of how to report allegations of abuse, neglect, and exploitation. The service provider also provides the participant with information about how to contact Medicaid, Adult Protective Services, Area Agency on Aging, and the state Long-Term Care Ombudsmen who together have the statutory responsibilities for abuse, neglect, and exploitation investigations. Under the 1915(c) waivers for adults, Medicaid conducts a desk review of any alleged incident and refers to Adult Protective Services to investigate the allegation. In these cases, Adult Protective Services coordinates and communicates

its activities with Medicaid.

Identify the entity or entities that are responsible for providing training and/or information and how frequently training and education are furnished.

The Project Manager 2 will be responsible for developing a training plan that ensures stakeholder organizations and/or individuals receive training about the Idaho Home Choice Program. Representatives from stakeholder organizations will provide accurate, timely information that explains how the programs work, what the benefits are, what supports are offered and how to apply. Participants receive information about the program and education about reporting suspected cases of abuse, neglect, or exploitation through routine contacts with transition managers, long-term care ombudsmen, qualified institutional setting social workers, and service coordinators. Finally, the caseworker and agency provider, or the managed care provider, will provide a list of numbers individuals should call if they encounter problems. They will provide issue-specific information and set a priority of whom they should call for what situation depending on the priority. Individuals will be provided, at minimum, specific information about complaint procedures, rights and responsibilities, service delivery schedules, and the names and telephone numbers of the person(s) delivering services.

Informed Consent and Guardianship

Describe the procedures used to obtain informed consent from participants to enroll in the demonstration.

Individuals who want to participate in the Idaho Home Choice Program or, if appropriate, their legal guardians will be required by the transition manager to sign an Informed Consent Form (see **Attachment 3**) indicating that they have freely chosen to participate, are aware of and

understand the transition process, have full knowledge of the supports and services to be provided, and have been informed of their rights and responsibilities as participants. Participants will acknowledge through the signed informed consent that they understand they will be re-assessed for waiver eligibility prior to the end of 365 days. If an individual does not continue to remain eligible for one of the waivers or State Plan Services, all efforts will be made to help the individual or the family/guardian in locating community services offered by various organizations and state programs in their local area.

Informed consent for participation in the Idaho Home Choice Program may be provided by the participant, the participant's legal representative, or surrogate decision makers who have responsibility for an individual's living arrangement, such as guardians, an attorney-in-fact named in a durable power of attorney, or a health care agent named in a health care power of attorney. In cases where there is a legal representative or surrogate decision maker, the transition manager will review legal documentation to ensure that the individual possesses the legal authority to make decisions dealing specifically with a participant's living arrangement and receipt of services/treatment. Informed consent must be provided by the participant, unless that participant has been adjudicated as unable to make major life decisions. In that case, informed consent must be provided by the court-appointed guardian. Legal representatives or surrogate decision makers who have responsibility for an individual's living arrangement, such as guardians, an attorney-in-fact named in a durable power of attorney, or a health care agent appointed by the individual within the program will be required to have contact with the individual identified for transition within the last six months. Only a court-appointed guardian may act as guardian or other legally appointed representative for the participant. Corporations and legal guardians other than family members will follow their agency protocol for ensuring ongoing guardian interaction.

Outreach/Marketing/Education

Submit the State's outreach, marketing, and staff training strategy.

The state of Idaho plans to use transition managers as part of the Idaho Home Choice Program. Idaho Medicaid contracts with the College of Western Idaho to provide curriculum development and training to transition manager through a train the trainer model. The College of Western Idaho is the expert in the region on providing workforce development. They have also developed curriculum for the Idaho Bar Association on guardianships. The train the trainers will come from the Idaho Centers for Independent living. The Centers will send three individuals from each center to the train the trainer training. They will then hold 6 regional certified trainings across the state to train a qualified group of transition managers.

Staff from the Centers for Independent Living will provide training to all new transition managers. Transition managers will receive specific training on how to evaluate the strengths and weaknesses of a person's circle of supports to ensure that the vision and goals of the individual are driving the informal and formal supports that the person receives in the community. Managers will continue to identify specific areas for technical assistance through a case review process. Persons with expertise in identified areas will provide training as needed during biweekly meetings. Specific training relative to the MFP demonstration grant includes data collection changes, overview of the Idaho Home Choice Program, new services, self-direction, and the role in quality management under Idaho Home Choice Operational Protocol.

Training will focus on an understanding of the following objectives:

- Services available to Idaho Home Choice participants
- Referral and intake process
- Rights and responsibilities of participants in the demonstration

- Policies and procedures regarding informed consent
- Importance of consumer files and staff time records
- Process of interviewing and information gathering
- Importance of the self-assessment process
- How to assist with forming a circle of support
- How to develop and monitor a transition plan
- How to apply for programs and/or waivers
- How to coordinate with state agency resources
- Financial planning, benefits, entitlements and budgeting
 - How to identify related needs such as utilities, phone, transportation, social, leisure, recreational and vocational pursuits, furnishings, household goods, basic food start-up, moving and settling in
 - How to develop a follow-up plan for the first six months post transition
 - How to complete all data collection and other required paperwork

The transition manager infrastructure will be accomplished by recruiting and training a committed cadre of transition manager specialists who would work hand in hand with the participant, the participant's circle of supports, the support broker or service coordinator, and other professionals who are responsible for locating and leveraging informal and formal services and supports. For additional information on the transition managers please see Section 5, Benefits and Services.

Participants

Participants in the Idaho Home Choice Program are those who have expressed an interest in transitioning to providers, qualified institutional setting staff, Medicaid staff, or others involved

in their care, and who wish to live and receive supports and services in the community of their choosing. Interest in transitioning would have been gained through the methods noted in Section 1, Participant Recruitment and Enrollment. Information is disseminated to participants in several stages: pre-transition, post-transition, and ongoing. During the pre-transition stage, potential participants will be notified about the opportunity to transition to the community. A transition manager will contact those who express interest in transitioning. During the transition and on a periodic basis, participants will be notified of additional services and supports in the community. Participants, potential participants, and/or guardians will be kept informed about services that are available through the Idaho Home Choice Program.

Providers

Providers in the Idaho Home Choice Program are those public, private, and community organizations that will provide services and supports to the participants so they are able to successfully transition to, and remain in, the community. There is a wide variety of providers with multiple interests and expertise. Many providers have already been notified of the Idaho Home Choice Program. Provider stakeholders have been involved in reviewing the protocol and will continue to be involved through the life of the program.

A mass mailing was also designed for providers to make them aware of Idaho's Home Choice Program and the opportunities for involvement.

Examples of service providers across the state are:

- Community providers of waiver services
- Professional caregivers
- Nursing home administrators

- Intermediate care facilities for the mentally retarded (ICF/MR) administrators
- Institution for mental disease (IMD) administrators
- Health care workers at agencies providing waiver services
- The Centers for Independent Living
- Aging and Disability Resource Centers

Outreach will be conducted as a means of rebalancing long-term care expenditures. This will be accomplished by a variety of approaches that will take place simultaneously. Idaho Medicaid will increase marketing of existing waiver services and conduct educational workshops for qualified institutional setting staff and other medical personnel that would promote the use of home and community-based services rather than the traditional move to a nursing or ICF/MR facility.

In addition, Medicaid will collaborate with state healthcare associations such as the Idaho Hospital Association and the Idaho Health Care Association, Idaho Association of Home Care Agencies, etc, and other independent providers, to develop training programs or materials that will develop diversified services within their communities. These efforts will directly impact the goal of rebalancing between institutional and home and community-based services expenditures as well as having a positive outcome of increasing the awareness and range of services available within the specific community. The Idaho Home Choice Project Manager 2 and any other staff designated as knowledgeable about such services will facilitate these training programs. A training packet will be developed as part of information dissemination.

State Staff

State staff refers to all the employees of the various state agencies who will be involved in the Idaho Home Choice Program, including Idaho Department of Health and Welfare staff. A wide variety of staff across divisions will receive training about this initiative. They include:

- Division of Medicaid
- Division of Family and Community Services
- Division of Behavioral Health
- Idaho Division of Vocational Rehabilitation
- Idaho State Independent Living Council
- Idaho Commission on Aging
- Boise State University, Center for the Study of Aging
- University of Idaho, Center on Disabilities and Human Development

Other

Advocacy groups also serve as important audiences for the Idaho Home Choice Program information. The Division of Medicaid will design a mass mailing to provide basic information about the Idaho Home Choice Program to various advocacy groups. Advocacy groups across the state are:

- Idaho Council on Developmental Disabilities
- Idaho Centers for Independent Living
- Idaho Legal Aid
- Idaho Health Care Association
- Idaho Association of Home Care Agencies
- Idaho Mental Health Counseling Association
- Long-Term-Care Regional Ombudsman
- Medical Care Advisory Committee
- National Alliance on Mental Illness

- Personal Assistance Oversight Committee

Generic outreach and marketing materials for the Home Choice Program will be developed and used across a wide range of audiences and locations. A general information sheet template will be developed and available to all audiences. This template will be designed to be revised for use with specific audiences. The following is an example of the information that will be on the Participant Information sheet.

What is the Idaho Home Choice Program?

Idaho Home Choice (IHC) is a system of flexible financing for long-term services and supports that enables available funds to move with the individual to the most appropriate and preferred setting as the individual's needs and preferences change. The program is funded by the federal Money Follows the Person Demonstration Program.

Who is Eligible for the IHC Program?

If an individual and/or their legal guardian are interested in the transition to the community, the individual must meet the following criteria:

- Resident of Idaho;
- Living in a Nursing Facility (NF), Intermediate Care Facilities for people with Mental Retardation (ICF/MR) or Institution for Mental Diseases (IMD);
- Have lived in a long-term care institutional setting for at least 90 consecutive days, including hospitalization periods;
- Have been eligible for Medicaid for at least one (1) day at the time of transition;
- Must enroll in one of Idaho Medicaid's existing waivers; Aged and Disabled Waiver or the Developmentally Disabled Waiver.

What Does IHC Mean to Me?

Some people living in facilities may think that they do not have the ability to move back into the community. IHC gives individuals living in nursing facilities, Intermediate Care Facilities for people with Mental Retardation (ICF/MR), and institutions for Mental Diseases (IMD) more informed choices and options about where they live and receive services. Overall, IHC makes it possible for individuals who are elderly, disabled, and intellectually disabled to have the freedom to choose where they want to live!

What Can IHC Do For Me?

Should you choose to move to the community, you will enjoy all of the privileges of living independently: Choosing your service providers, expressing your satisfaction or dissatisfaction with services and supports, visiting with family and friends, and being a part of your community!

The following additional services will also be permanently available to individuals using home and community based waivers who currently do not have access to them:

- Transition Management
- Assistance with up-front household expenses at transition

How Do I Get More Information?

Under this Program, you or your family members or caregivers, as appropriate, may seek transition information, the requirements, and the options available to you including home and community-based services and housing. To get more information about transition, contact:

- Any staff member in the facility where you live, including a social worker or discharge planner
- 2-1-1 Idaho CareLine

If you live in a nursing facility or long-stay hospital, you can also contact:

- The Long-Term Care Ombudsman
- An Area Agency on Aging
- A Center for Independent Living

If you live in an Intermediate Care Facilities for Individuals with Intellectual Disabilities/Mental Retardation, you can also contact:

- Your case manager

You can also contact the Idaho Home Choice Program Director at _____ or call _____ for information and referral regarding the Idaho Home Choice Program.

Audiences and Types of Media

Participants

Participants can receive information about Idaho Home Choice Program services via brochures, broadcast messages, in-person visits to nursing facilities and institutions and the Idaho Department of Health and Welfare's Web site at <http://healthandwelfare.idaho.gov/>.

Information may also be available on CDs, videos, and other formats. Media press releases may also be used.

Providers

Providers may receive information using the following media: Division of Medicaid bulletins and information releases, Idaho Home Choice Program information sheet, Idaho Home Choice video conferencing sessions, the Division of Medicaid's Web information, remittance advice banner messages, verbal recordings that providers hear while on telephone hold with the Medicaid Management Information System (MMIS), and mailings to provider associations.

State Staff

State staff may receive information via the Department of Health and Welfare's Web site, Idaho Home Choice video conferencing sessions, fact sheets, frequently asked questions documents, and training sessions.

Additional Populations to Be Targeted

Qualified institutional settings throughout the state will be targeted through transition managers, community advocacy groups, state staff, and other outreach methods described above.

Information Dissemination

The following will be used for information dissemination:

- Aging and Disability Resource Centers
- American Association of Retired Persons
- National Alliance on Mental Illness
- Idaho Mental Health Association
- State Independent Living Council
- Local management entities (including Community and Family Advisory Committees)
- Centers for Independent Living
- Nursing facilities, ICF/MRs, IMDs
- Boise State University, Center for the Study of Aging
- University of Idaho, Center on Disabilities and Human Development
- Idaho Division of Vocational Rehabilitation
- Idaho Council on Developmental Disabilities
- Long-Term-Care Ombudsmen offices
- Disability Rights Idaho

Staff Training

Annual training for Idaho Home Choice Program services will be provided for stakeholders. This will include those working with individuals who are currently institutionalized, (i.e. nursing home staff and administrators and ICF/MR staff and administrators), those who help transition individuals, those working with waiver services and benefits, information technology staff, and staff from agencies providing transition services. Idaho received a letter of support for this grant from the executive director of the Idaho Health Care Association Centers for Assisted Living. The association is dedicated to making a positive difference in the lives of the elderly and disabled through unified advocacy and support a system that provides an even greater array of

home and community-based services designed to promote choice and independence for all individuals. Idaho also received support from the Division of Behavioral Health which oversees State Hospital South and State Hospital North and the Division of Family and Community Services which oversees the Idaho State School and Hospital. These organizations and facility administrators are committed to being part of the solution for quality long-term care in every setting and will be involved in training for long-term care staff and administrators. This training will be via video conferencing and each person who participates in the training will have a six-month refresher video conferencing session. Other options for training may include conference calls and Web-based training activities. These will be scheduled regularly and/or as needed. Continuing education units will be offered to qualified facilities administration and social workers.

Bilingual Materials/Interpretation Services

Paper and electronic materials will be available in a variety of formats including English, Spanish, large print, etc.

Informing Eligible Individuals of Cost-Sharing Responsibilities

Applicants who are required to cost share are notified through a letter, which states they are approved for waiver services and indicates the amount of cost share they must pay. Individuals who are required to pay a portion of their income toward the cost of their waiver services are those who are not income eligible for Social Security Income (SSI) or AABD cash in their own home or community setting, are eligible for Medicaid if their income does not exceed three (3) times the Federal SSI monthly benefits, and they meet nursing facility level of care criteria for the HCBS A & D and DD waivers. The following chart outlines the procedures and timeline carried out for the development of the outreach, education, and marketing plan.

Outreach, Marketing, and Education Activity Timeline

Idaho Home Choice Money Follows the Person

Outreach and Marketing Activity	Start	End	Lead	Target Population
Develop Talking Points	03-07-2011	03/28/2011	Tammy Ray	Internal IDHW Staff
Develop Frequently Asked Questions	03-07-2011	03-10-2011	Natalie Peterson/Tammy Ray	General Public/Medicaid/IHC Participants/Potential Participants
Develop Idaho Home Choice Logo	03-07-2011	03-11-2011	Medicaid Communications Team	
Develop Idaho Home Choice Web Page	03-07-2011		Natalie Peterson/Shannon Winget	General Public/Medicaid/IHC Participants/Potential Participants
Form Outreach, Education, and Marketing (OEM) Work Group	03-15-2011	03-15-2011	Trina Balanoff - University of Idaho, Center for Disabilities and Human Development (CDHD) 1) Matt Wappett - CDHD 2) Sara McDaniel - Provider, All About Home Care 3) Fawn Bell - Provider, All About Home Care 4) Hope Brackett - Provider - A Full Life Home Health 5) Mark Leeper - Self Direction Fiscal Intermediary 6) Chris Johnson - Human Service Alliance 7) Dana Gover - Participant and Member of the Personal Oversight Committee	
First Meeting of OEM	03-31-2011	03-31-2011	Trina Balanoff - CDHD	IHC Program Manager 2/LTC Bureau Chief
First Recommendations from OEM	04-04-2011	04-04-2011	Trina Balanoff - CDHD	IHC Program Manager 2/LTC Bureau Chief
Prepare Article for Idaho's Medic-Aid Newsletter	04/04/2011	04/07/2011	Tammy Ray/Shelby Spangler	Providers
Begin Sub Grant Process to College of Western Idaho for Transition Management Curriculum	04/04/2011	04/15/2011	PM2/PM1	Kristi Rood, Kristin Clovis

Development and Training				
Develop Training for Medicaid and IDHW Staff	04/04/2011	04/22/2011	PM2/PM1	Medicaid and Other IDHW Staff
Develop Banner Messages and IR's	04/04/2011	04/07/2011	PM2/PM1	Providers
Develop Brochures and Other Outreach Materials With Recommendations From OEM	04-04-2011	04-20-2011	PM2/PM1	Potential MFP Participants in all Qualified Institutions
Develop Transition Packets for Idaho Home Choice MFP Participants (IHCMFP)	04/04/2011	05/01/2011	PM2/PM1	Potential IHCMFP Participants
CMS Approval of Marketing Materials	04/21/2011	05/01/2011	CMS	IHC Program Manager 2/LTC Bureau Chief
Begin Training Medicaid and IDHW Staff	04/25/2011	On-Going	PM2/PM1/Bureau of Long Term Care	LTC, Medicaid, and Other IDHW Staff
Printing of Marketing Materials	05/02/2011	05/16/2011	Medicaid Communications Team	
Send Letter to all Medicaid Participants in Qualified Institutional Settings	05/15/2011	On-Going	PM2/PM1	All Medicaid Participants in Qualified Institutions/ All Qualified Institutions
Begin Receiving Initial Referrals for the IHCMFP	05/20/2011	On-Going	Idaho Medicaid Staff	All Medicaid and other Idaho Department of Health and Welfare (IDHW) Staff
Have Medicaid Staff begin process for Transition if Applicable	06/01/2011	On-Going	Idaho Medicaid Staff	All Medicaid and other IDHW Staff
Dissemination of Outreach Materials	05/20/2011	05/27/2011	PM2/PM1	All Institutions, LTC Agencies, Stakeholders, Current Medicaid Participants, Potential Participants, ADRC's, All

				Idaho Medicaid Regions,
Transition Packets Ready	05/23/2011	05/23/2011	PM2/PM1	Potential Participants/Transition Managers
Transition Management Training Begins	06/01/2011	On-Going Quarterly	Trina Balanoff, Matt Wappett, CDHD	Transitions Managers
Develop Initial Approved Transition Management List and Map of Transition Managers throughout Idaho	06/20/2011	06/21/2011	PM2/PM1	All Institutions, LTC Agencies, Stakeholders, Current Medicaid Participants, Potential Participants, ADRC's, All Idaho Medicaid Regions
Begin Transitioning IHCMFP Participants	07/01/2011	On-Going Through 03/31/2016	Medicaid Staff, Transition Managers, IDHW Staff, Bureau of Long-Term Care, ADRC's, All Stakeholders	IHCMFP Participants, Their Families/Guardians
Continue Outreach for duration of Demonstration Program	07/01/2011	On-Going Through 03/31/2016	PM2/PM1	All Institutions, LTC Agencies, Stakeholders, Current Medicaid Participants, Potential Participants, ADRC's, All Idaho Medicaid Regions,

Stakeholder Involvement

Describe how the state will involve stakeholders including consumer representatives in the implementation phase, and how these stakeholders will be meaningfully involved through the life of the grant.

On November 19, 2010, a Money Follows the Person Program kick-off meeting was held to inform stakeholders and state staff about the program. This meeting gave an overview of the program; described the funders' (CMS) role; and provided information on how the Operational Protocol would be developed. Participants were encouraged to attend to provide input into the development of the Operational Protocol and service delivery. Medicaid received a large amount of feedback from the kick-off meeting that has been incorporated into the Operational Protocol. The final draft was also reviewed by the stakeholders and revisions were made as necessary.

Stakeholders

Stakeholder involvement is acquired through various committees and workgroups. The Idaho Home Choice Money Follows the Person Demonstration grant is overseen and administered by the Department of Health and Welfare, Division of Medicaid. Leadership from the Department of Health and Welfare will be represented on the Idaho Home Choice Governance Council. This Council will set policy and resolve issues. The Idaho Home Choice Stakeholders Advisory Council will be formed to aid in the development, structure, and implementation of benefits and service deliveries of the Idaho Home Choice Program. It is anticipated this group will meet three to six times per year. Stakeholders are identified as consumers, families of consumers, providers, and advocates of services provided through Idaho Home Choice. Stakeholder support letters can be found in **Attachment 8**.

Additionally, there will be workgroups addressing areas of the MFP demonstration such as outreach, marketing, education; housing; participant recruitment and enrollment; benefits, services, consumer supports, self direction; informed consent and guardianship; and quality assurance and continuity of care. Each group will be comprised of IDHW staff, consumers and their families, providers, as well as community advocates and others. The Advisory Council may be invited to participate. The stakeholders will be responsible for assisting in recruitment of potential participants, marketing and outreach, training, making recommendations for program fundamentals, and quality assurance. A detailed organization chart can be found in **Attachment 1**. The following chart illustrates the current workgroups that were developed on March 15, 2011.

Idaho Home Choice Workgroups

Name	Affiliation	Contact
Workgroup #1 Outreach, Education, and Marketing - First Meeting 03-31-2011		
Trina Balanoff	University of Idaho Center for Disabilities and Human Development	(208) 364-9931
Matt Wappett	University of Idaho Center for Disabilities and Human Development	(208) 885-6144
Sara McDaniel	All About Home Care - Provider	(208) 994-2059
Fawn Bell	All About Home Care - Provider	(208) 994-2059
Hope Brackett	A Full Life Home Health - Provider	(208) 762-4214
Mark Leeper	Self-Direction Fiscal Intermediary	(208) 301-5105
Chris Johnson	Human Service Alliance - Association for the Handicapped	(208) 459-4425
Dana Gover	Participant and Member of the Personal Assistance Oversight Committee	(208) 761-3073
Workgroup #2 Housing - First Meeting 03-25-2011		
Eva Blecha	Idaho Care Provider Network	(208) 465-7542
Brian Dale	LINC - Self Direction Fiscal Intermediary	(208) 336-3335
Sandy Scheffert	Special Olympics Idaho	(208) 466-4513
Roger Howard	LINC - Self Direction Fiscal Intermediary	(208) 336-3335
Patrick Blum	Disability Action Center	(208) 664-9896
Chuck Williams	Life Care Center of Boise	(208) 376-5273
Shane Robinson	Idaho Association of Residential Habilitation Agencies	(208) 782-0990
Workgroup #3 Participant, Recruitment and Enrollment - First Meeting 03-23-2011		
Aaron Thain	AAA Home Care	(208) 466-3196
Kelly Marang	Addus Healthcare, Inc.	(208) 762-9835
Bettina Briscoe	Idaho Com. on Aging/Idaho Council on Developmental Disabilities	(208) 334-3833
Ken Warden	Certified Family Home	(208) 713-2694
Workgroup #4 Benefits, Services, Consumer Supports, and Self Direction First Meeting 03-30-2011		
Jim Baugh	Disability Rights Idaho	(208) 336-5353
Dana Gover	Self-Directed Consumer/ Personal Assistance Oversight Committee	(208) 761-3073
Deana Gilchrist	Self-Directed Consumer/LINC	(208) 336-3335
Robbie Barrutia	SILC	(208) 334-3800
Wanda Warden	Certified Family Home	(208) 713-2694
Marilyn Sword	Idaho Council On Developmental Disabilities	(208) 334-2178
Tim Voz	Clinical Supervisor Idaho Department of Health and Welfare	(208) 769-2712
Workgroup #5 Informed Consent and Guardianship - First Meeting 03-30-2011		
Mary Jo Butler	Advocate/Personal Assistance Oversight Committee	(208) 336-5353
James Steed	Consumer/Idaho Council On Developmental Disabilities	(208)334-2178

Dana Gover	Self-Directed Consumer/ Personal Assistant Oversight Committee	(208) 761-3073
Workgroup #6 Quality Assurance and Continuity of Care - First Meeting 03-24-2011		
Aaron Thain	AAA Home Care	(208) 466-3196
Dr. Martha Tanner	Member NAMI	(208) 529-5605
Gwen Chavarria	Idaho State School and Hospital, Quality Commitment Supervisor	(208) 442-2812
Eva Blecha	Idaho Care Provider Network	(208) 465-7542
Shane Robinson	Idaho Association of Residential Habilitation Agencies	(208) 782-0990
Chuck Williams	Life Care Center of Boise	(208) 376-5273

Consumer Involvement

Consumers, families of consumers, providers, and advocates will be asked to participate in ongoing work groups. Members are defined as consumers and/or family members of consumers who receive Medicaid long-term-care services; agencies or providers; or representatives of people who are aging with care needs, have an intellectual or other developmental disability, have a physical disability, or have a mental illness. Consumers and families of consumers will be encouraged to participate in workgroups and will be identified through providers, families, self-identification, or advocates. There will be information provided in the Participant Handbook on how consumers can be involved. Workgroup meetings will be held via either teleconference or video conference paid for with grant funds. Advance materials will be provided to all stakeholders and workgroup members at least 3 days prior to meetings.

Provider Involvement

Institutional providers, consumers, advocates, and State staff will be invited to participate in provider issues workgroups. These providers may also be asked to participate in ongoing Stakeholder Advisory Council meetings.

Roles and Responsibilities

During the implementation phase of the demonstration program, stakeholders at all levels will be responsible for providing input to the workgroup focus areas and workgroups will meet as needed.

Operational Activities

In year 1 through 5 of the grant, the Division of Medicaid coordinated state forums to be

held in conjunction with the Stakeholder Advisory Council meetings. These meetings were held via video conferencing throughout the state. These forums were open to the public and efforts were made to invite a wide range of potential participants, their families, friends and guardians, providers, state staff, and other important community stakeholders. Stakeholder involvement will continue to ensure successful implementation of the Idaho Home Choice Program. These meetings were instrumental in moving forward with a long-term care system that provides an array of home and community-based services and supports designed to promote choice and independence. These groups continue to provide input into the operations of the demonstration program through face-to-face meetings, emails, and conference calls and video conferencing.

Benefits and Services

Provide a description of the service delivery systems used for the population served.

In Idaho, the Idaho Home Choice Program will be used to transition individuals into existing 1915(c) home and community based waiver programs. Idaho Home Choice participants will be enrolled in waiver services the first day they transition into a community setting. After 365 days of demonstration services, individuals will continue in the same 1915(c) waiver program as long as they meet the eligibility requirements of the program. Idaho currently operates one 1915(c) Aged and Disability waiver that targets individuals who are aging and/or have disabilities as an alternative to residing in a nursing facility and also operates a 1915(c) Developmental Disability waiver that targets individuals with intellectual or developmental disabilities as an alternative to residing in a public or private Intermediate Care Facility-Mental Retardation facilities. Referrals come from hospitals, social service provider agencies, advocacy groups, friends, family, nursing facilities, senior centers, Area Agency on Aging, and other sources. The majority of referrals come from the Idaho Department of Health and Welfare, Division of Welfare. Upon referral, eligibility

is determined and if eligible, a program assessment is performed and a service plan is developed.

The 2-1-1 Idaho CareLine, and Aging and Disability Resource Centers (where available) can link consumers to lead agencies. The chart below describes the services currently covered under existing waiver programs.

Currently Covered Services

Service	1915 (C) Aged And Disabled Waiver	1915 (c) Developmental Disability Waiver	State Plan
Adult Day Care	Yes	Yes	No
Adult Residential Care	Yes	No	Yes
Attendant Care	Yes	No	No
Behavior Consultation/Crisis Management	Yes	Yes	No
Chore Service	Yes	Yes	No
Companion Services	Yes	No	No
Consultation	Yes	No	No
Day Habilitation	Yes	No	Yes (DT)
Environmental Accessibility Adaptations	Yes	Yes	No
Home Delivered Meals	Yes	Yes	No
Home Health Services	Yes	Yes	Yes
Homemaker	Yes	No	No
Non Medical Transportation	Yes	Yes	No
Personal Emergency Response System	Yes	Yes	No
Psychiatric Consultation	Yes	No	Yes
Residential Habilitation	Yes	Yes	No
Respite	Yes	Yes	No
Service Coordination	No	No	Yes
Skilled Nursing	Yes	Yes	Yes
Specialized Medical Equipment and Supplies	Yes	Yes	No (DME Only)
Support Broker Services – Self-	Yes	Yes	No

Direction			
Supported Employment	Yes	Yes	No

Home and Community Based Demonstration Services

Under the demonstration grant, demonstration services will be provided and reimbursed with demonstration funds when not covered under current waiver services and benefits. These services will be an essential part of successful transition to the community.

Idaho continues to evaluate the success of the transition services and will continue as waiver services after the Money Follows the Person demonstration period for waiver participants ends.

The Idaho Home Choice Sustainability Plan has been written and is in the early stages of development. (See Appendix 12)

Transition Management

Transition Management assists individuals in gaining access to needed medical, social, education, and other services for persons moving from a Medicaid funded institution to a qualified community residence. Transition management services will be offered for up to ninety (90) days prior to transitioning into the community and for up to ninety (90) days after the transition. Participants will receive up to 8 hours per month of transition management services. If necessary, additional transition services may be approved for up to six (6) additional months at the rate of 4 hours per month. This will be decided on a case-by-case basis. Idaho will develop a qualified cadre of at least ten (10) transition managers throughout the state. Idaho Medicaid will contract with the College of Western Idaho to provide curriculum development and training to transition manager train the trainers. Transition managers must have a bachelor's degree in an appropriate health field or equivalent experience and attend the certified College of Western Idaho training. They can then apply to be an Idaho Medicaid Provider and bill at the regular provider rate. Idaho

Medicaid will develop a list of certified transition managers and a map of where they are located throughout the state. This list will be included in the participant handbook, posted on the IDHW website, and provided to all providers throughout the state. With a cadre of at least ten (10) transition managers, it is anticipated that each transition manager will manage an average of six to seven transitions per year. Policies and procedures will be developed that incorporate the expanded model and training into state infrastructure for continued sustainability.

Idaho's self-directed waiver and person-centered-planning services currently available to individuals with developmental disabilities will compliment this grant. The transition management infrastructure would be accomplished by recruiting and training a committed cadre of transition manager specialists who would work hand in hand with the consumer, his/her circle of supports, provider staff responsible for service plan development, the support broker or service coordinator, and other professionals who are responsible for locating and leveraging informal and formal services and supports.

MFP participants may receive up to 8 hours of transition management services per month for up to ninety (90) days prior to transitioning into the community and for up to ninety (90) days after the transition.

Community Transition Services

Community Transition Services are goods, services, and supports that are provided to the Idaho Home Choice participant for addressing identified needs, including improving and maintaining the participant's opportunities for membership in the community. Community transition services are intended to:

- Decrease the need for formal support services and other Medicaid services;
- Take into consideration the appropriateness and availability of a lower cost alternative for

comparable services that meet the participant's needs;

- Promote community inclusion and family involvement;
- Increase the Home Choice participant's health and welfare in the home and/or community;
- Assist the Home Choice participant when he or she does not have the funds available through another source;
- Assist the Home Choice participant in developing and maintaining personal, social physical and/or work-related skills; and
- Assist the Home Choice participant in living independently in the home and community.

Community transition services are one-time set-up expenses for individuals who are transitioning from a qualified institutional setting, to a community setting or another living arrangement where the person is directly responsible for his/her own living expenses. Such expenses include but are not limited to:

- Home and Security Deposits
 - Security (apartment/home)
 - First Month's Utilities
 - Land line phone
 - Water
 - Electricity/Gas
 - First Month's Rent
- Appliances
 - Washing machine
 - Dryer
 - Refrigerator

- Microwave
- Food preparation items
- Essential furnishings
 - Table
 - Chairs
 - Sofa/ Couch
 - Dresser
 - Bed
- One-time cleaning prior to occupancy
- One-time Kitchen Set-up
- One-time grocery purchase
- Health and Safety Assurances
 - Pest eradication

Transition services are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources. Non-medical transportation is included in the current 1915(c) waivers and medically necessary transportation is provided through Medicaid state plan services and is not part of the demonstration transition services. Transition services do not include household appliance or diversion/recreational items such as televisions, VCRs, and DVDs, Gameboys, computer's, iPod. The services also do not include any decorative items. The monetary limit for transition services is \$2,000 per participant. Funds should be used to meet needs that are barriers to transition. Sound judgment should be used when approving services to ensure purchases are modest and reasonable. Funds cannot be used to pay existing bills, past due balances, or on-going rent or utilities.

Home and Community Based Supplemental Services

Idaho does not intend to offer supplemental services.

Transition at Termination

Transition managers conduct ongoing follow up once an individual has met their needs and goals and help with any future changes or needs when necessary. The nurse reviewer and provider meet with the participant/participants family to explain the transition will be seamless and there will be no changes in the supported living situation, daily activities, or self-direction option.

Idaho contracted with a third-party surveyor to conduct the Quality of Life surveys. Together the surveyor, participant and the family completed the initial Quality of Life survey, the 11-month, and the 24-month survey. The Quality of Life evaluation ended on December 31, 2016. The transition manager ensures that all their reporting requirements are met, and on day 366 after the participant's transition, the involvement of the transition manager ends.

Continuity of services after an individual completes his or her demonstration year will be guaranteed through access to Idaho Medicaid's Aged and Disabled Waiver, Developmental Disability Waiver or state plan services, which include additional supports to allow the participant to be successful when choosing Home and Community Based Services. Program participants will also be assisted to access other community-based services for which they may qualify. At the end of demonstration services, waiver services and benefits for which an individual qualifies will support continued home and community based living. This will result in no loss of services and supports to individuals who transitioned under demonstration services.

Consumer Supports

Organizations and entities providing support to consumers under Idaho Home Choice were

discussed in detail in the previous section with the exception of fiscal intermediaries, fiscal/employer agent, and emergency backup supports. As noted above, each participant will be offered transition management services prior to transition. These services will ensure that the participants have access to the assistance and support that will be available under the demonstration. Fiscal intermediaries and support brokers are discussed under **Section 7 Self Direction**. This section will focus on the emergency back-up support system.

System for Emergency Back-Up Supports

As demonstration participants are utilizing the existing Aged and Disabled and Developmental Disabilities waiver programs for community-based services and support, the current systems for consumer supports that are approved and in place under these waiver programs will be used by the demonstration participants as well. Providers, transition managers, nurse reviewers, service coordinators and care managers work with participants to identify the demographics of their emergency/back-up plan in their person center plan for all direct services including transportation, DME and supportive services.

Back up plans include a description of the risks faced when emergencies, such as lack of staff, arises. The backup plan also identifies what must be done to prevent risks to health and safety: how people should respond when an emergency occurs, and who should be contacted and when. Back up plans must list individuals who will provide support when regular staff is not available. Back up plans will address 24-7 coverage including the need for 911 for true emergencies. Participants are required to identify informal networks such as family, friends, and neighbors who have agreed to support the participant on an emergency basis. The informal emergency network is part of the service plan. Such networks commit to assisting the participant, if needed, during periods of time when paid staff does not arrive on schedule or when staff quits

unexpectedly. A participant could design a back-up plan with both informal and formal supports in place. Regardless of which options an individual identifies as part of his or her back-up plan, all individuals will receive an in depth assessment prior to being approved for the Idaho Home Choice program.

During the assessment, a list of needs is developed and serves as the basis of a comprehensive care plan that is developed through a person-centered process with the care manager and service coordinator. Back-up support is also provided for indirectly through a variety of means, including: service and provider qualifications, care and service plans, contingency planning for fire and medication and a variety of other qualifications, restrictions and provisions established by rule, licensing and regulation.

For example, participants accessing the HCBS Waiver programs can elect to have a Personal Emergency Response system (PERS). This service is designed to monitor waiver participant safety and/or provide waiver participant access to emergency crisis intervention for emotional, medical, or environmental emergencies through the provision of communication connection systems. By providing immediate access to assistance, PERS serves to prevent institutionalization. PERS services are limited to those individuals who rent or own their own home, who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The person who is using the system wears a button that he or she can push if needed. The button connects electronically to the person's phone, which is programmed to send a signal to a response center. Trained professionals in the response center then carry out a series of actions to help the person in need. It should be noted that some individuals might choose to live in a group setting when relocating back into the community. In these instances, there will be someone physically available

twenty-four hours a day, seven days a week, for the necessary protection of individuals. A viable plan must be in place before a move to the community is supported by Idaho Home Choice. Fiscal/Employer Agencies and Fiscal Intermediaries are also available to assist with the development of an emergency back-up plan prior to transition as part of a typical 1915(c) procedure.

As an additional transitional service, transition managers remain involved during the first few months after a participant transitions to the community to assure that the plan conceptualized in the inpatient facility is working as designed in the community. Idaho has the requirement for all service plans to address emergency back-up systems and the State does currently fund a system to support the service plans as required under MFP. Idaho's current Support and Services Authorization and Support and Spending Plan can be found in **Attachment 6**.

Safeguards represent one component of back-up supports. Safeguards are requirements or provisions established or put in place in order to address potential eventualities that could occur and could require back-up support. Service and support areas for which safeguards have been established include such areas as: Waiver eligibility determinations and re-determinations, both of which lead to the development of service plans and care plans, licensing and certification, service qualifications, avoidance of conflict of interest, fire safety, monitoring and quality assurance, confidentiality of information, reporting requirements, and opportunities for hearing and investigation.

Transportation

Non-Emergency Medical Transportation

Idaho Medicaid has contracted with a transportation brokerage, VEYO, to administer, coordinate, and manage all Non Emergency Medical Transportation (NEMT) for eligible Idaho

Medicaid participants including those eligible for 1915(c) waived services. Network transport providers may contact Jamie with VEYO at (208)462-0855 with any questions about NEMT. Other Medicaid providers and Medicaid participants may call VEYO at (877) 503-1261 to schedule transportation.

The brokerage agency is responsible for locating accessible transportation appropriate to meet the needs of the participant. In the event that the transportation does not appear to support the participant, it is the responsibility of the brokerage agency to identify back-up transportation.

Idaho Medicaid's transportation broker:

1. Operates a call center - Medicaid participants will call in to schedule a ride when they have no other means of accessing their Medicaid-covered medical care.
2. Authorizes transportation services - Based on information provided by participants, the broker would prior authorize appropriate non-emergent transportation services for them to access medical care when they are unable to meet their own transportation needs or obtain help from friends, family, or community resources to meet those needs.
3. Assigns participants to an appropriate provider for their transport - The broker will contract with transportation providers to create a statewide transportation network. The broker will assign one of its contracted providers to meet participants' needs once a ride is authorized.
4. Ensures high-quality transportation services are accessible to participants -The broker will monitor the transportation providers in the network to ensure that their vehicles are safe, their drivers are qualified and helpful, and that participants get to their medical appointments and services on time.

Non-Medical Transportation

Non-medical transportation is provided through both the Aged and Disabled 1915(c)

waiver and the Developmentally Disabled 1915(c) waiver. This service is part of a broader mobility benefit, which includes training and/or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, and/or movement within the community. Services are offered in order to enable waiver recipients to gain access to waiver and other community services and resources, required by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services offered under the State plan, defined at 42 CFR 440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the recipient's plan of care. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized. Prior to approving a non-medical transportation provider request, the Bureau of Medical Care ensures the provider has a current, valid driver's licenses for all drivers and active insurance to cover all automobiles. The Bureau is notified by the insurance company if the provider's insurance coverage lapses.

In addition, the Idaho State Independent Living Council received an AmeriCorps grant for improving accessible transportation in Idaho. They have successfully:

- Sponsored a bus bench program in Coeur d'Alene,
- Established new bus routes in Coeur d'Alene,
- Created a recreation voucher program in Twin Falls,
- Extended a voucher program beyond Twin Falls city,
- Purchased a para-transit van in Twin Falls from ARRA funds,
- Equipped two wheelchair accessible taxis in urban and rural Treasure Valley,
- Implemented the Lewiston Volunteer Drivers Program,

- Sponsored a Green Expo Booth highlighting public transportation for people with disabilities, and
- In the process of creating an online statewide trip planner in partnership with the Medicaid Infrastructure Grant.

Idaho Home Choice participants and all other stakeholders will have information on the formal and informal transportation supports. The transportation benefit is crucial for HCBS participants to support their job needs, personal needs, relationship needs, emotional needs, and learning needs.

Emergency Medical Transportation

Medicaid pays medical emergency transportation through the state plan benefits. Medicaid participants are instructed to call 9-1-1 for medical emergencies.

Agency Based Direct Work Force

Licensed home health agencies are required by state regulation to ensure back-up services are available to the individuals they serve. They must have a telephone number where an individual receiving service can reach a person during the agency's operating hours or from 8:00 A.M. – 5:00 P.M., Monday through Friday. After normal business hours, the home health agencies have call back or on-call systems in place to respond to messages left on a machine or with an answering service and also instruct clients to call 911 in an emergency. At the time of the Waiver assessment and service planning, the participant is given contact information regarding whom to call in the event of service delivery failure or to inquire about the need for additional services. For Waiver participants, back-up plans for direct care workers are included in the service plans. Individuals identify their back-up system as part of their approved plan of care. Additionally, for each participant who requires emergency back up or otherwise experiences an emergency, contact will be made by the MFP program office within 24 hours.

Relationship of back-up system to QI

When Medicaid conducts Quality Improvement Strategy activities, Medicaid reviews the service plan of which a backup system is a component. The backup system strategy has to be included in the service plan in order for the plan to be approved or considered complete. The nurse reviewer staff conducts quality assurance reviews and a reassessment annually to make sure the services are being delivered in accordance with the plan of care and the services authorized can safely and effectively maintain the participant in their home. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation, and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver.

The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. The service provider is responsible to notify the nurse reviewer, physician or authorized provider, service coordinator, and family if applicable, when any significant changes in the participant's condition are noted during service delivery. Such notification will be documented in the provider's service record. The participant, family, guardian, or other interested party can contact the nurse reviewer and request a new assessment or change in service plan.

Risk Mitigation

The HCBS waivers have implemented a policy that serves as the mechanism for risk mitigation. The Uniform Assessment Instrument is the basis for the transition and service plan.

This tool assesses medical history, ADLs, IADLs, list of medications, vision, hearing, speech, nutrition, cognitive and behavioral functions, assistive devices, or medical equipment. If in their own home, the tool also assesses environmental barriers or needs. The nurse reviewer also assesses the participant's potential and perceived health, behavioral and personal safety risks) neglect, abuse, and exploitation), and ability to live safely in their residence during the UAI assessment. The nurse reviewer will discuss their concerns with the participant after the assessment is completed. The risks identified by the reviewer are documented in the UAI. If the participant chooses to live in a Certified Family Home, they must, by Idaho Administrative rule and state law, meet the needs of the participant. All of the UAI information is considered when the service plan is being developed. The nurse reviewer will not approve a plan if services provided will not be safe and effective.

A Local Review Team may address concerns for health and safety. This is an interdisciplinary core team made up of nurse reviewer staff and sometimes a contract physician. This team will bring in mental health specialists, developmental disability staff, social workers, and anyone with expertise pertinent to the case. The nurse reviewer works with the participant, guardian, provider, and service coordinator to identify strategies for identified risks and individualized interventions developed in the participant care plan to create a system of services and supports to address individual needs, participant preferences, and assures health and welfare. Community supports will be outlined in the service plan if required. The service provider is responsible to notify the nurse reviewer, physician or authorized provider, service coordinator, and family if applicable, when any significant changes in the participant's condition or are noted during service delivery. Such notification will be documented in the provider's service record. The participant, family, guardian, or other interested party can contact the nurse reviewer or transition

manager and request a new assessment or change in service plan.

The participant's plan of care may be adjusted during the year. These adjustments must be based on changes in a participant's need, demonstrated outcomes, or changes in risk factors. Additional assessments or information may be clinically necessary. Adjustment of the plan of care is subject to prior authorization by the nurse reviewer. The provider completes a Change/Modification Request Form and submits it to the nurse reviewer. The nurse reviews the information and may authorize additional services. The UAI and Negotiated Services Plan are revised and a copy of the revised UAI and notice of decision are mailed to the participant and provider. Personal care providers and certified family home providers are provided a revised negotiated service agreement by the nurse reviewer. Personal Care providers of service in the participant's home demonstrate policies and procedures addressing back-up plans for contingencies such as emergencies including the failure of an employee to appear when scheduled to provide necessary services when the absence of the service presents a risk to the participant's health and welfare.

The nurse reviewer Quality Assurance (QA) staff will review the UAI documentation to ensure that participant risks have been documented and interventions are developed in the plan of care. During provider QA reviews, nurse reviewer QA staff will monitor the provider's records to ensure the staff emergency backup policy is followed.

MFP Complaint Process

Describe the complaint and resolution process when the back-up systems and supports do not work and how to address it when such issues occur.

The HCBS waivers have implemented a policy that serves as the mechanism for reporting complaints and incidents, including failure of back-up systems that have been put into place and

other issues related to waiver services and supports. The Idaho Home Choice transition managers will utilize this same policy for complaint and incident reporting and remediation.

Participants have several options for registering complaints about services or any other aspect of their care. Complaints may be registered directly to Medicaid, community providers, or agency social workers. Participants may register complaints about anything the Department does or is responsible for that they perceive as affecting them negatively in any way. The complaint system is operated by Medicaid. To protect participant rights, some types of complaints are immediately directed to other formal systems rather than being addressed through the Medicaid complaint and critical incident process. When a complaint is received by Medicaid, a determination will be made as to the severity of the complaint. If the complainant alleges there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, the Point of Contact Person will immediately make a report to the appropriate law enforcement authority, Adult Protection, and/or Child Protection as outlined in Idaho Statute 39-5303, Adult Abuse, Neglect and Exploitation Act, Addendum 3.

Complaints that involve a potential for abuse, neglect, or exploitation of a client or fraudulent use of a participant's Medicaid benefits require action must be taken by the staff person either to resolve the complaint or to refer the complaint outside the unit for resolution.

Complaints that do not rise to this level of severity, such as billing complaints or dissatisfaction with the provider agency will be handled in an informal matter. If the complaint is with the agency, the participant will be asked to contact them. If they are unable to do so, a nurse reviewer will intervene. Notes will be entered into the participant file or the provider file as appropriate. The nurse reviewer is responsible for following up to ensure the complaint has been

resolved to the participant's satisfaction. If the participant is still unhappy, a formal complaint may be submitted to the nurse reviewer, or Division of Medicaid. The Regional Quality Assurance staff will query the Medicaid database for provider complaint issues (open and resolved) prior to conducting a survey. Billing issues will be referred to the MMIS representative in the region and notes will be made on the MMIS system. Timelines will vary with the nature of the complaint. If there is a complaint related to the health and safety of the participant, it will be handled immediately. Complaints that are not urgent, such as billing, will be handled within 30 days.

In addition, other avenues exist for voicing complaints. As part of the complaint process, the individual is notified of and afforded numerous rights, established by rules and regulations, which provide a fundamental framework from which expectations and complaints may then arise. Complaints may be received through one or more of the following components of the system. One or more complaint process may be utilized and appeal provisions are available.

- **A participant can make a complaint through the management hierarchy within any agency or organization providing or overseeing service to an individual.** The individual can contact a provider's supervisor, manager, or oversight agency with a complaint. For example, if an individual has a complaint or concern that a service or need is not being provided or is not being provided properly, they can speak with the individual provider; and/or their supervisor; the case or service manager, nurse, area agency or a member of the licensing or oversight agency.
- **Medicaid Customer Services Unit within Idaho Department of Health and Welfare can be reached at (208) 334-5795 Ext. 4 locally or 1-800-378-3385.** Any Medicaid recipient can contact the unit concerning a complaint regarding the provision of any Medicaid covered service. The Customer Service Case Managers will work with the recipient and provider until

the issue is resolved. The unit maintains a database of all complaints received. Medicaid reviews statistics generated by the database for any emerging patterns and takes appropriate action as needed.

- **The Ombudsman Office, within the Idaho Commission on Aging provides an additional complaint process.** The Ombudsman receives, investigates, and resolves complaints or problems involving long-term care in Idaho. The Idaho State Long-Term Care Ombudsman can be contacted at ICOA, (208) 334-3833, or by email at cathy.hart@aging.idaho.gov.
- **Adult Protection Services (APS) investigate allegations of abuse, neglect, self-neglect, and exploitation involving vulnerable adults and takes remedial actions to protect them.** APS workers provide specialized services to assist seniors and vulnerable adults (age 18 and over) in protecting themselves. Often, APS workers collaborate with law enforcement, Health and Welfare, nursing homes, and others to reduce the incidence of adult abuse, neglect, self-neglect, and exploitation. If a complaint rises to the level of abuse, neglect, or exploitation, Adult Protective Services is notified and carries out the legal requirements of the Protective Services to Adults Law. There are six regional offices around the state. Contact information will be provided to all Idaho Home Choice participants.
- **Regulatory Authorities including State, local and regional police, fire, health and building regulatory authorities provide an additional check and complaint process.** In times of crisis or close calls, they are the first responders and point of contact and information for facts and information surrounding the incident or event. An incident can serve as a warning that a provider, home or situation requires greater attention or scrutiny.

Responsibility to Report

IDHW and contracted service provider staff are required to promptly make a complaint on

behalf of an individual whenever they have reason to believe that an individual has been subjected to abuse, neglect, or exploitation by an employee of or a consultant or volunteer for a facility or program. This includes assisting individuals who wish to file a complaint to contact the appropriate agency or obtain advocacy services. This involves:

- Reporting the instance of abuse, neglect or exploitation to APS,
- Taking all practicable steps to prevent the situation from recurring; and
- Notifying the Department of the issues presented and actions taken.

In addition to filing a complaint, program staffs file an incident report regarding any circumstance that the policy of the facility or program identifies as an incident.

Self-Direction

Describe how the State accommodates a participant who voluntarily terminates self-direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method.

For participants on the DD Waiver, the participant notifies the Department if they want to discontinue their participation in the Self-Directed Community Supports option. After verifying the individual continues to be waiver eligible, the Department will complete the following processes based on the specific needs of the individual: 1) Prior authorize community crisis supports using the standard procedure for prior authorization (if applicable). 2) Provide the individual with a list of targeted service coordinators/Plan Developers and a Plan Developer Choice form. 3) Plan Developer creates a 120-day Transition Plan. The 120-day Transition Plan must contain those services and supports that will allow the individual to live safely in the

community using provider-managed services. 4) Department will complete an Eligibility Application for Individuals with Developmental Disabilities form for the individual voluntarily transitioning out of the Self-Directed Community Supports option. The Eligibility Application will be forwarded to the Idaho Center for Disabilities Evaluation to initiate eligibility re-determination and development of an annual plan according to the provider managed service delivery model. 5) Idaho Center for Disabilities Evaluation verifies individual's DD and waiver eligibility using the traditional business model for Annual Re-determination of Program Eligibility. The Annual DD Eligibility Approval Notice will notify the individual of their budget for the upcoming plan year and notify the individual they must submit their Individualized Service Plan prior to the date their existing 120 day plan expires to avoid a lapse in services.

If a participant on the A&D Waiver voluntarily elects to terminate self-direction, the Bureau of Long Term Care will mail or fax the participant a list of approved tradition provider agencies and an Agency Selection Form. It is the responsibility of the participant to select a new agency and return the completed Agency Selection Form to the Department. Once an agency is selected, the nurse reviewer will send the UAI and service plan to the new agency.

Specify the circumstances under which the State will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Please include information describing how continuity of services and participant health and welfare will be assured during the transition.

DD Waiver

For Participants on the DD Waiver, the Department may decide not to allow the individual to continue in the Self-Directed Community Supports option for the following reasons:

- The individual is not willing to work with a Support Broker;
- The individual is not willing to work with a Fiscal Employer Agent;
- The individual is not following their My Support Plans and the individual's health and safety is being compromised; or
- The individual is making choices that directly endanger their own health, welfare, or safety and/or endanger or harm others.

If the Department determines an individual's health and/or safety is in immediate jeopardy the Department sends an Immediate Removal from Self-Directed Option Notice by Certified Mail—Return Receipt Requested to the participant and their Support Broker stating the individual is being removed from the Self-Directed Community Supports Option. The Notice includes the date on which removal is effective and appeal rights.

Medicaid verifies individual's DD Waiver eligibility and works with the participant and their legal guardian (if applicable) to identify a Plan Developer to work with individual on creating a 120-day Transition Plan. The Department will then complete the following processes based on the specific needs of the individual: 1) Prior authorize community crisis supports using the standard procedure for prior authorization (if applicable). 2) Provide the individual with a list of targeted service coordinators/Plan Developers and a Plan Developer Choice form. 3) Plan Developer creates a 120-day Transition Plan. The 120-day Transition Plan must contain those services and supports that will allow the individual to live safely in the community using provider-managed services. 4) Department will complete an Eligibility Application for Individuals with Developmental Disabilities form for the individual voluntarily transitioning out of the Self-Directed Community Supports option. The Eligibility Application will be forwarded to the Idaho Center for Disabilities Evaluation to initiate

eligibility re-determination and development of an annual plan according to the provider managed service delivery model. 5) Idaho Center for Disabilities Evaluation verifies individual's DD and waiver eligibility using the traditional business model for Annual Re-determination of Program Eligibility. The Annual DD Eligibility Approval Notice will notify the individual of their budget for the upcoming plan year and notify the individual they must submit their Individualized Service Plan prior to the date their existing 120 day plan expires to avoid a lapse in services. **Attachment 5** includes outreach materials for Self Direction.

A&D Waiver

For participants on the A & D Waiver, if through quality assurance audits or home visits, the department has determined the participant or legal representative is unable or unwilling to meet the self-directions responsibilities, the participant's agency will be contacted to provide training or additional assistance. If the participant or legal representative is still unable or unwilling to meet self-direction responsibilities, will receive written notification. The notification will direct the participant or legal representative to select a different non-legal representative. If the participant or legal representative disagrees with the department decision, a meet can be set up with the Bureau of Long term Care to discuss the decision. If the issue is not resolved, the parties may file a formal complaint with the Division of Medicaid.

Specify the State's goal for the unduplicated number of demonstration participants who are expected to avail themselves of the demonstration's self-direction opportunities.

Idaho will educate, explain, and offer the option of self-directing services to every MFP participant. As noted in **Attachment 9** .Table E-1, Idaho programs that an estimated 33

individuals will participate in one of the self-direction options.

Quality

Quality Management

The State operates a formal, comprehensive system to ensure that the Idaho Home Choice demonstration meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation, and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the program. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem.

The Quality Management Strategy for the Idaho Home Choice Program is to use the HCBS Quality Framework and the HCBS Waiver assurances as a basis for a description of the expected outcomes under each of the Quality Framework focus areas and the processes that will be used to measure the quality of the program. The QA/QI system will utilize a system of discovery, the collection of data, and direct participant experiences to assess the ongoing implementation of the program. Remediation and improvement will be applied to the Idaho Home Choice program.

Participant Access (Level of Care Determination (LOC))

The design for participant access is meant to assure the following outcomes:

- Individuals who have a desire to participate in Idaho Home Choice have access to understandable and user-friendly information and processes to receive services.
- Individuals have informed choice.
- Individuals receive accurate and timely LOC determinations and redeterminations.

The processes supporting the achievement of these outcomes are:

- The use of standardized process and instruments for LOC decisions.
- Evaluations conducted by qualified staff.
- LOC decisions are reviewed through a review process, inappropriate decisions are corrected, and training is provided when appropriate.
- Annual redeterminations for LOC for all participants.
- Getting stakeholder input when new participant materials/information/training, etc. is developed.
- Posting of information regarding Idaho Home Choice services on the Medicaid web pages.
- Processes to get participant experience data from participants

➤ Participant Experience Survey Instrument

- Application packet includes information to assist in choice making and access to services.
- Individual is required to sign a statement choosing Idaho Home Choice and waiver services instead of institutional services as part of the application and redetermination process.

Participant Centered Service Planning and Delivery

The design for participant centered service planning and delivery is meant to assure the following outcomes:

- The Idaho Home Choice planning processes support the participant's choices.
- Service Plans (SPs) address the participant's needs and personal goals (including health and safety risk factors) by waiver services or other means.
- SPs are updated and/or revised when warranted by changes in the waiver participant's needs/goals.
- Services are delivered in accordance with the SP.

The processes supporting the achievement of these outcomes are:

- The authorization unit reviews SPs to assure that all needs and goals (including risks and back-up plans) are addressed by either waiver services or other means.
- Participants have trained Service Coordinators and Transition Managers available to assist them to update or revise plans to meet needs/goals if needed.

Provider Capacity and Capability

The design for provider capacity and capability is meant to assure the following outcomes:

- All Idaho Home Choice providers are subject to an initial review prior to providing services.
 - All Idaho Home Choice providers must complete Department training.
 - All providers are subject to an on-site review every two years.
 - Participants have the opportunity to provide feedback to the Department regarding Medicaid HCBS providers through Personal Experience Surveys
- The processes supporting the achievement of these outcomes are:
- Processes are in place for participants/families/guardians to file complaints or report employee related problems.
 - The Participant Experience Survey (PES) is administered using a statistically valid random sampling process and includes questions regarding employee capabilities and capacity.
 - Provider Review Process
 - Provider Training Process

Participant Safeguards

The design for participant safeguards is meant to assure the following outcomes:

- SPs address potential and real risks and backup plans are in place as needed.
- Assessment/planning and authorization processes are in place that look at participant

safeguards and address risks.

- Complaints of abuse, neglect, and exploitation are investigated (and remediated when substantiated).

The processes supporting the achievement of these outcomes are:

- Policies, procedures, information, materials are in place that allow participants to easily report instances of abuse, neglect and exploitation.
- The planning process includes the identification of risks.
- The authorization unit reviews assessments and SPs to assure that all risks identified are adequately addressed on the SP and back up plans are in place when needed.

Participant Rights and Responsibilities

The design for participant rights and responsibilities is meant to assure the following outcomes:

- Participants are informed of their rights and responsibilities during the assessment process.
- Participants report changes in needs or circumstances.
- Participants report incidents of abuse, neglect, or exploitation as well as file other grievances as appropriate.
- Participants report on service effectiveness in achieving their outcomes during meetings, interviews, and surveys.
- Participants file complaints when they identify that their rights have been violated.
- Participants are offered choice between Idaho Home Choice and institutional services and between/among waiver services and providers.

The processes supporting the achievement of these outcomes are:

- The Participant Experience Survey (PES)
- Processes are in place for participants/families/guardians to file complaints or report

provider problems.

- Complaint/Incident Reporting Form is in place to record, track, and report on violations of rights.

Participant Outcomes and Satisfaction

Participant satisfaction with the services they need and receive and progress towards their goals is a key outcome in the Idaho Home Choice program. The design for participant outcomes and satisfaction is meant to assure the following outcomes:

- Participants participate to the extent they are capable in the development of their SP.
- Participants are satisfied with the outcomes of their services.

The processes supporting the achievement of these outcomes are.

- The Participant Experience Survey (PES)
- Home visit for redetermination
- Provider review process

System Performance (Administrative Authority & Financial Accountability)

The design for system performance is meant to assure the following outcomes:

- Quality Oversight Committee is in place to review information and data from the Quality Management Strategies and to make decisions on needed changes and improvements.
- Financial reviews are conducted by the Office of Performance Evaluation annually.
- Program improvement is based on participant input, quality review, and systems analysis.
- Idaho Home Choice and HCBS policies, processes and staff performance achieve the outcomes of the program.

The processes supporting the achievement of these outcomes are:

- Reports of QA/QI reviews are presented to the QA/QI Oversight Committee on a quarterly

basis with recommendations as appropriate.

- Services billed through the MMIS are audited on an annual basis.
- Complaints and problems regarding services, providers, and/or processes will be tracked and reported to the QA/QI Oversight Committee.

The quality management strategies will be evaluated on an annual basis or as needed. Any needed adjustments in the strategies, tools, reports, etc. will be made.

Quality Assurance/Quality Improvement Committee

The purpose of the Medicaid Quality Assurance/Quality Improvement Committee is to review information and data collected from the quality management strategies and to formulate recommendations remediation and program improvement to the Administrator. The composition of the committee will be as follows:

- Division of Medicaid Quality Assurance Manager (1) – Chair Person
- A & D Care Management Quality Assurance Specialist (1)
- A & D Policy Specialist (1)
- Regional A & D Care Management Staff (1-Program Manager 1- Care Manager 1- QA Staff) (3)
- Administrative Staff from A & D Care Management Unit

The Medicaid Self Direction Quality Oversight Committee will meet quarterly.

Multiple quality management strategies will be used to gather data at both the state and local level to monitor the quality and effectiveness of the Idaho Home Choice program. Idaho will be using the Participant Experience Survey (PES) to capture participant experiences with waiver services. The data from the survey will be used to measure whether the expected outcomes are

being met in the Quality Framework Focus Areas from the perspective of the participant. The survey will be conducted using Web Surveyor, which will allow for electronic data storage and reporting. Feedback will be collected on a random sample of Idaho Home Choice participants on an annual basis. Problems or issues identified at the time of interviews with the participant will be forwarded to the appropriate place for remediation.

Significant statewide or region wide data will result in recommendations for improvements on a program wide basis. Reports will be reviewed by the QA/QI Committee on an annual basis. An Outcome Review will be performed to determine if participants continue to meet eligibility criteria (LOC), receive the services on their Support Plan, are satisfied with the services they receive, and risk plans were adequate to meet participant health and safety needs. Remediation of inappropriate LOC decisions or health and safety issues will be addressed at the time it is identified in the review. Information from the outcome review will be reported on an aggregate basis to the QA/QI Oversight Committee. The Bureau of Long Term care will be responsible for running reports, conducting an analysis of the findings, and reporting the findings and recommendations to the QA/QI Oversight Committee on a quarterly basis.

Complaint/Critical Incident Tracking System

The ability for participants, families, guardians, and providers to file complaints regarding the program, service provision, and incidents of abuse, neglect, and/or exploitation is critical in several of the focus areas in the Quality Framework as well as to ensuring the health and safety of participants who elect HCBS services. The Complaint/Critical Incident Tracking System will focus on:

- Participants know how and where to file a complaint regarding service providers.
- Participant report that they received the assistance they needed from their service provider

in accessing services.

- Participants know how and where to file complaints of abuse, neglect, or exploitation.
- Complaints of abuse, neglect, or exploitation are addressed timely and appropriate actions are taken.
- Statewide data on complaints are tabulated and evaluated for statewide trends that require program changes and/or improvements.
- Participants understand that they have the right to file a complaint regarding the program providers.
- Participants report they knew how and where to file a complaint and that their complaints were addressed in a timely manner.

A Complaint/Critical Incident Reporting Form will be used to document all complaints or critical incidents regarding the Idaho Home Choice program. This will include complaints of abuse, neglect, or exploitation as well as issues regarding access, denials, services, providers, etc. Individual complaints are investigated and responded to within designated periods and necessary actions taken. Statewide complaint data is analyzed for identification of needed program changes, improvements, or trends that need to be addressed. Data will be exported from the Complaint/Critical Incident Data base and reports will be extrapolated on participant and providers of Idaho Home Choice demonstration and waiver services. Individual issues will be remediated at the time of the complaint or critical incident. Statewide trends will be reported on a quarterly basis to the QA/QI Committee. Individual complaints are investigated and remediated at the local Medicaid level. Complaints of abuse, neglect, or exploitation are investigated by Adult Protection Services. Statewide data from the database is analyzed by the QA Manager and reported to the QA/QI Oversight Committee.

Service Plans are reviewed by the Medicaid Nurse Reviewers prior to authorization of services. The data from prior authorization reviews will be used to measure whether the expected outcomes are being met in the Quality Framework Focus Areas. The purpose of the prior authorization review is to assure that plans are within the authorized budget, identified needs of the participant are addressed, services are within the scope of allowable services, identified risks are addressed, and back up and mitigation plans are in place. A compilation of data from prior authorization checklists will be reported to the QA/QI Committee on an annual basis. The Medicaid Nurse Reviewers are responsible for the prior-authorizations reviews and entering the data into the Medicaid database. Central Office policy staff will run reports on a quarterly basis for the Outcome Reviews.

All Idaho Home Choice demonstration and HCBS waiver services are billed through the Medicaid Management Information System (MMIS). The MMIS is managed and monitored through the Division of Medicaid. The Department conducts monitoring of the MMIS contract to ensure that claims are adjudicated by the MMIS and Fiscal Agent contractor in accordance with Federal guidelines and Idaho policies. The State requires the MMIS contractor to contract with and pay for an independent CPA firm to perform an annual audit of the contractor's services to the State in compliance with AICPA Statement on Auditing Standards number 70.

Housing

Describe the State's process for documenting the type of residence in which each participant is living. The process should categorize each setting in which an MFP participant resides by its type of "qualified residence" and by how the State defines the supported housing setting, such as:

- *A home owned or leased by myself or a family member*
- *An apartment with an individual lease, with lockable access and egress, and which includes*

living, sleeping, bathing, and cooking areas over which myself or my family has domain and control

- *Group home*
- *Adult foster care home*
- *A residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside - excluding caregivers and personal attendants. A Certified Family Home is one example.*

If appropriate, identify how each setting is regulated.

Information on the type of qualified residence that an individual chooses is verified at the time the participant is enrolled in a 1915(c) waiver. Idaho will only enroll an individual in the MFP Demonstration to a setting that meets the definition of a “qualified residence” as defined in Section 6071(b) (6) of the Deficit Reduction Act. Transition Managers will ensure that prior to any transition, the selected residence meets all requirements of the statutory definition for “qualified residences”. If the participant chooses housing options that do not qualify under “qualified residence”, the Idaho Home Choice program will assist the participant, but will not seek enhanced funds for the transition. Training sessions will emphasize, and brochures and other informational documents will reference the eligibility requirement of “qualified residence” to ensure all parties are aware of this qualifying requirement.

The current Idaho Medicaid HCBS Aged and Disabled and Developmental Disabilities waiver assurances will be utilized to ensure the setting is "safe and effective" for the participant. The detailed service plan will be the mechanism used to address the individual participants need for housing. The Uniform Assessment Instrument is the basis for the service plan. This tool assesses medical history, ADLs, IADLs, list of medications, vision, hearing, speech, nutrition,

cognitive and behavioral functions, assistive devices, or medical equipment. If in their own home, the tool also assesses environmental barriers or needs. The nurse reviewer also assesses the participant's potential and perceived health, behavioral and personal safety risks) neglect, abuse, and exploitation), and ability to live safely in their residence during the UAI assessment. The nurse reviewer will discuss information about and selecting from among qualified providers of the waiver services in the service plan. The risks identified by the reviewer are documented in the UAI. If the participant chooses to live in a Certified Family Home or Residential Assisted Living Facility, they must, by IDAPA rule and state law, meet the needs of the participant. All of the UAI information is considered when the service plan is being developed. Nurse reviewers will not approve a plan if services provided will not be safe and effective.

A Regional Review Team may address concerns for health and safety. This is an interdisciplinary core team made up of nurse reviewer staff and sometimes a contract physician. This team will bring in mental health specialists, developmental disability staff, social workers, and anyone with expertise pertinent to the case. The nurse reviewer works with the participant, guardian, provider, and service coordinator to identify strategies for identified risks and individualized interventions developed in the participant care plan to create a system of services and supports to appropriately address individual needs, participant preferences, and assures health and welfare. This process will address the assessment of the housing situation to meet the needs of the Idaho Home Choice participant.

For individuals transitioning from a qualified institutional setting and accessing the A & D Waiver, the following identify the types of residences that meet the definition of a qualified residence according to Idaho rules:

- A home owned or leased by the participant or a family member

- An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the participants or their family has domain and control.
- Adult foster care home which is defined as a family-styled living environment in which two (2) or fewer adults (can receive a waiver to accept up to four participants) live who are not able to reside in their own home and who require care, help in daily living, protection and security, supervision, personal assistance and encouragement toward independence.

For individuals transitioning from a qualified institutional setting and accessing the DD Waiver, the following identify the types of residences that meet the definition of a qualified residence according to Idaho rules.

- A home owned or leased by the participant or a family member
- An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the participants or their family has domain and control
- Certified Family Home/Supported Living (CFH) is defined as: "a private residence where one or two adults (can receive a waiver to accept up to four participants) who are elderly, have a mental illness, a physical disability or a developmental disability live in a family-home environment.

Certified Family Homes provide a safe, home-like environment where residents can direct their own care and live in a community of their choosing. Families who provide such care share their homes and families with adults who are unable to live alone. The purpose of a certified family home in Idaho is to provide a homelike alternative designed to allow individuals to remain in a more normal family-style living environment, usually within their own community.

The Bureau of Licensure and Certification in the Division of Medicaid is responsible for monitoring and enforcing the certified family home provisions. This responsibility includes, but is not limited to monitoring the condition of the certified family home, ensuring that each resident has an individualized written plan of care that includes activities of daily living and support services, and managing enforcement procedures when violations occur. Every Idaho household applying for Certified Family Home (CFH) certification must comply with the following:

- Attend a formal CFH orientation
- Read and understand CFH rules
- All providers must have 8 hours of relevant training (4 hours of classroom training and another 4 hours of either independent study or classroom training)
- Complete Criminal Background Check and fingerprinting for all provider household members and employees 18 years of age or older caring for residents. (CFH residents themselves are exempt from background check requirements)
- Each household member and employee caring for residents must have a current CPR and First Aid Course certification and take the Basic Medication Awareness class
- Submit the home to Home Inspections which include:
 - Water Test Results (for private wells)
 - Receipt for Pumping of Septic Tank (every 3 years)
 - Receipt for Fuel-Fired Furnace Inspection
 - Receipt for Fireplace/Woodstove Inspection
 - Receipt for Servicing/Purchase of Fire Extinguishers
 - Resident Bedrooms Minimum of 100 sq. ft.

- Functional Smoke Detectors in All Sleeping Rooms
- Manufactured Homes Less Than 18 Years Old
- Cleanliness and Orderliness Throughout
- Provide Proof of Homeowners Insurance
- Bedroom Windows at Least 22" x 22" and Not More Than 44" From the Floor
- Provide the following services:
 - Food and Lodging
 - Meals Tailored to Any Special Diet Needs
 - Assistance with Activities of Daily Living
 - First Aid Supplies
 - Housekeeping Services
 - Transportation Arrangement Within a 25-mile Radius
 - Assistance with Medications and Supervision
 - Linens and Personal Hygiene Items
 - Television in Common Areas
 - Local Telephone Service
 - Other Services as Needed
- Idaho has experienced tremendous growth in this sector. In fact, from 2004 through 2009 the cumulative 5 year growth represents an additional 477 homes (or 30.4%) and 577 clients (or 29.5%). As of December 2009, there were 2,044 homes caring for 2,530 clients. This represented a 7.8% growth in the number of homes with a corresponding 7.5% participant growth. As evidenced by the historical and programmed growth, Idaho believes this sector has a plentiful supply of certified family homes to meet MFP

participant needs. MFP participants interested in this setting may obtain a list of CFH providers from the local Medicaid office. We currently have 2,432 Certified Family Homes serving 3,370 individuals as of December 31, 2016.

For individuals transitioning out of an ICF/MR, Idaho State School and Hospital or IMD, the following identify the types of residences that meet the definition of a qualified residence according to Idaho rules.

- An individual's own home or family home
- Certified Family Home/Supported Living (CFH) is defined as: "a private residence where one or two adults (can receive a waiver to accept up to four participants) who are elderly, have a mental illness, a physical disability or a developmental disability live in a family-home environment and described above.

Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the participant's home (supported living) must be employed by a Residential Habilitation Agency.

Describe how the State will assure a sufficient supply of qualified residences to guarantee that each eligible individual or the individual's authorized representative can choose a qualified residence in which the individual will reside.

- *Describe existing or planned inventories and/or needs assessments of accessible and affordable community housing for persons with disabilities/chronic conditions; and*
- *Explain how the State will plan to address any identified housing shortages for persons transitioning under the MFP demonstration grant, including:*
- *Address how the State Medicaid Agency and other MFP stakeholders will work with Housing Finance Agencies, Public Housing Authorities and the various housing programs they fund to meet these needs; and*
- *Identify the strategies the State is pursuing to promote availability, affordability, or accessibility of housing for MFP participants.*

Idaho recognizes the direct link between housing availability and the state's ability to meet transition targets. The Division of Medicaid MFP stakeholders plan to address any identified housing shortages for persons transitioning under the MFP demonstration grant by working collaboratively with the Idaho Housing and Finance Association, Housing Finance Agencies, Public Housing Authorities and the various housing programs they fund to meet these needs. Idaho has eleven public housing authorities located throughout the state. (See **Attachment 7**)

The Fiscal Year (FY) 2010 budget for the Department of Housing and Urban Development has been enacted. The below spreadsheet provides full-year allocations for the Office of Community Planning and Development's (CPD) formula programs: Community Development Block Grants (CDBG); HOME Investment Partnerships (HOME), Housing Opportunities for Persons with AIDS (HOPWA); and Emergency Shelter Grants (ESG). The allocations reflect the level of funding approved for these programs in Idaho.

Community Planning and Development Program Formula Allocations for FY 2010							
KEY	CNSRTKEY	STA	NAME	CDBG10	HOME10	ESG10	HOPWA10

160102		ID	BOISE	\$1,413,433	\$863,928	\$0	\$0
160198		ID	COEUR D'ALENE	\$336,475	\$0	\$0	\$0
160510		ID	IDAHO FALLS	\$441,751	\$0	\$0	\$0
160618		ID	LEWISTON	\$290,094	\$0	\$0	\$0
160684		ID	MERIDIAN	\$274,368	\$0	\$0	\$0
160762		ID	NAMPA	\$588,403	\$0	\$0	\$0
160906		ID	POCATELLO	\$543,159	\$0	\$0	\$0
169999		ID	IDAHO STATE PROGRAM	\$9,418,790	\$6,167,417	\$535,848	\$0

Idaho Housing and Finance Association is a financial institution and administrator of affordable housing resources. IHFA's mission is to provide funding for affordable housing opportunities in Idaho communities where they are most needed and when it is economically feasible. It functions as an agent for the U.S. Department of Housing and Urban Development and performs a wide variety of tasks associated with financing, developing, or managing affordable housing. In every phase of this challenging work, IHFA strives to remain sensitive and responsive to the needs of Idaho's less-advantaged individuals and families.

IHFA administers the U.S. Department of Housing and Urban Development's (HUD) Section 8 Housing Choice Voucher program in 34 of the 44 counties in Idaho. Additionally, IHFA has 29 units of Low-Income Public Housing in Idaho Falls and 47 units in Kellogg and administers several smaller programs across the state targeted to specific populations. These programs help low-income families and elderly or disabled individuals obtain decent, affordable rental housing.

Idaho Housing and Finance Association also has a Housing Information Referral Center (HIRC) to answer housing questions. HIRC staff offer important information and referrals to housing consumers, providers and advocates. IHFA also works with statewide coalitions and local communities to better understand the role of affordable and workforce housing in sustainable

community and economic development. Their goal is to empower individuals, organizations, and communities as they work toward housing that provides access, stability and resilience at all levels. HIRC services include the following operating a Housing Hotline 1-877-438-4472, providing information on Fair Housing as well as partners and planning. In addition to their hotline, they host a website at <http://www.housingidaho.com/> that has an inventory of available rentals throughout the state. The Idaho Housing and Financing Association also manage the Accessibility Improvements Program (AIP). This program is a new source of grant funding to help persons with disabilities makes their homes easier to live in. Up to \$5,000 in funding are available to eligible tenants and homeowner households with at least one member with a disability who would benefit from modifications being made to the housing unit. Household income must be below 80 percent of the state median income. Fair market value for the home cannot exceed the purchase limits for IHFA's Residential Lending program. Applicants must document their disability needs and income eligibility, and submit a description of the work to be completed and estimate of costs involved. IHFA reserves funds on a first-come, first-served basis and notifies the applicant directly when the grant has been approved. Upon verification that the work has been completed satisfactorily, IHFA will issue the funds to the applicants for payment to the contractors. Idaho Medicaid will be working closely with staff from the Idaho Housing and Finance Association to collaborate on locating affordable and qualified housing for the Idaho Home Choice participants.

Idaho Home Choice will also collaborate with the Community Action Partnership networks across the state. These organizations provide affordable housing for persons who are 62 or over or handicapped or disabled and who meet income and tenant selection criteria. They also provide energy assistance; help with other bills, and various services for seniors and the disabled. Idaho Home Choice participants will be connected with these resources within the community they

choose to live in.

The Boise City/Ada County Housing Authority will also be a resource for Idaho Home Choice participants. They provide affordable and safe housing for elderly or disabled individuals under the Section 8 New Construction Program.

Idaho also has a free housing service that helps people find a room, house or apartment that best suits their needs. They can search by rent amount, accessibility features, Section 8 and more. This website has information about moving costs, assisted living facilities, help for people who are homeless and financial assistance to help pay rent.

The website can be found at

<https://www.dol.gov/odep/topics/disability.htm> Idaho Home Choice Participants will be given information on all the available housing supports.

In addition to collaborating with the various agencies indicated above, Idaho will address how Residential Care and Assisted Living Facilities could meet the qualified housing criteria for this MFP demonstration. A Residential Care or Assisted Living Facility is a facility or residence operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner. These facilities provide a humane, safe, and homelike living arrangement for adults who need some assistance with activities of daily living and personal care. While this is an approved setting for participants on the Aged and Disabled waiver, these facilities do not meet the definition of qualified residence for the MFP Demonstration Program. There will be certain modifications that will be required in order for a Residential Assisted Living Facility to meet the definition of a qualified residence. One of the criteria is that the facility must be a community-based residential setting, in which no more than 4 unrelated individuals reside - excluding caregivers and personal

attendants. Idaho Home Choice program will develop an internal process for ensuring a Residential Assisted Living Facility meets the definition of a qualified residence, which will include an application form, criteria checklist, and inspection.

This sector has also experienced significant growth in the last few years growing from 317 facilities with 7079 licensed beds in 2008 to 286 facilities with 8,667 licensed beds in 2010. While some of the licensed beds are available only for private pay clients, approximately 40% or 3465 beds are available for Medicaid participants. Idaho currently (2016) has 356 facilities with 9,718 beds. Idaho formed a workgroup to identify the rule changes needed to meet the definition of qualified residence as well as a workgroup whose mission is to identify additional qualified residence opportunities in their communities. When the demonstration services are put in the waivers for sustainability, any setting that qualifies for HCBS services will be considered a “Qualified Residence”.

Continuity of Care Post Demonstration

To the extent necessary to enable a State initiative to meet the demonstration requirements and accomplish the purposes of the demonstration, provide a description of how the following waiver provisions or amendments to the State plan will be utilized to promote effective outcomes from the demonstration and to ensure continuity of care:

Idaho has worked with stakeholders to develop its long-term services and supports system to include community-based programs and services to meet the needs of individuals who want to remain in their communities. The 1915(c) waiver service arrays were carefully selected in order to promote community living and help to ensure a successful relocation.

MFP Demonstration participants will be accessing established 1915(c) waivers. They will continue to be served through these waivers in the post-demonstration period as long as they

continue to meet the eligibility criteria. Therefore, there will not be a lapse in services for MFP

Demonstration participants and a transition plan is not required.

After the MFP Demonstration period, if an individual does not meet the institutional level of care requirement or medical necessity, that individual would not be eligible to participate in any of the Medicaid 1915(c) waiver programs. However, if the individual met Medicaid financial eligibility, and the functional eligibility criteria for Idaho's state plan programs, then the state will assist that individual in the enrollment of one of those programs (attendant supports or adult day care). If Medicaid financial eligibility is not met, the individual will be assessed to determine eligibility for services available under the Older American Act programs or Title XX block grant services.

Managed Care/Freedom of Choice (Section 1915(b)) – for participants eligible for managed care/freedom of choice services, provides evidence that:

- i. 1915(b) waivers and managed care contracts are amended to include the necessary services*
- ii. appropriate HCBS are ensured for the eligible participants; or*
- iii. A new waiver will be created.*

Section 1915(b) waivers will not be utilized for the MFP Demonstration.

Home and Community-Based (Section 1915(c)) – for participants eligible for “qualified home and community-based program” services, provide evidence that:

- i. capacity is available under the cap;*
- ii. A new waiver will be created; or*
- iii. There is a mechanism to reserve a specified capacity for people via an amendment to the current 1915(c) waiver.*

MFP participants will transition from a qualified institutional setting back to the community

with long-term services and supports provided through one of the existing 1915(c) Medicaid waivers. Services will continue for MFP participants as long as they desire to remain on the 1915(c) waiver and meet the eligibility criteria. No new 1915(c) waivers will be created.

Research and Demonstration (Section 1115) – for participants eligible for the research and demonstration waiver services provide evidence that:

- i. Slots are available under the cap;*
- ii. A new waiver will be created; or*
- iii. There is a mechanism to reserve a specified number of slots via an amendment to the current Section 1115 waiver.*

Section 1115 waivers will not be utilized for the MFP Demonstration.

State Plan and Plan Amendments - for participants eligible for the State plan optional HCBS services; provide evidence that there is a mechanism where there would be no disruption of services when transitioning eligible participants from the demonstration program

As discussed elsewhere in this Operational Protocol, Idaho introduced transition management and transition services as demonstration services for the MFP Demonstration. These pilot program services proved to be very effective in helping participants move from institutionalized care to the community. Often, the transition management and transition services made the difference in if someone went home or stayed institutionalized. Idaho will work toward getting these services as amendments to the 1915(c) waiver programs.

Idaho currently has a Medicare-Medicaid Coordinated Plan which serves dual eligible individuals. On December 10, 2010, CMS released an informational bulletin announcing *State Demonstrations to Integrate Care for Dual Eligible Individuals* for providing funding for states to support the design of innovative service delivery and payment models for this population. Idaho

has worked diligently on this project and now has a fully functional MMCP program.

Organization and Administration

Provide a description of the day to day organizational and structural program administration that will be in place to implement, monitor, and operate the demonstration.

The Idaho Department of Health and Welfare will be the lead organization for the Idaho Home Choice program. The Division of Medicaid within the IDHW will have direct oversight and will work in collaboration with the Division of Behavioral Health, the Division of Welfare, and the Division of Family and Community Services. The number of key staff paid for by the grant is two. Division of Medicaid will be hiring a full-time Program Manager 2 and full time Program Manager 1. The job descriptions for these positions are found in **Attachment 2**.

The Program Manager 2 will be under the direct supervision of the Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Long Term Care, Bureau Chief, Beth Kriete. The Program Manager 1 will be under the direct supervision of the Program Manager 2. The MFP Program Manager 2 will closely coordinate with MFP program associations inside and outside the Department of Health and Welfare. The Program Manager 2's responsibilities include the coordination and organization across multi-state agencies, development of partnerships (public and private, provider and stakeholder), data collection, training, and outreach activities.

Staffs from within IDHW who are responsible for programs related to services provided through the MFP Demonstration will be involved and utilized for information throughout the grant. The Idaho Commission on Aging and the College of Western Idaho will support the transition management section of the program.

Organizational Structure

A detailed organizational chart can be found in **Attachment 1**.

Staffing Plan

Title	FTE	Key role	Funding Source	Hire Date or Person Hired
Program Manager 2	100%	The Program Manager 2 (PD) – responsible for the management, policy development, outreach development, budget management, supervision of program staff, and training and program analysis.	MFP Grant	Tammy Ray Hired 04-04-2011
Program Manager 1	100%	The Program Manager 1 (PM) is responsible for managing the program plan and assisting with program management including day-to-day program operations; serving as the liaison to the transition managers; and coordinating education, outreach, and training activities.	MFP Grant	On approval of funding – April 1, 2011
Bureau Chief, Bureau of Long Term Care	25%	Direct oversight and supervision of the Program Manager 2; quality assurance of the Idaho Home Choice Program; Performance appraisal of the Program Manager 2	In-Kind Division of Medicaid	Beth Kriete
Research and Development	10%	Will support the PD and PM through research and development	In-Kind Division of Medicaid	Hired

Billing and Reimbursement Procedures

Describe procedures for insuring against duplication of payment for the demonstration and Medicaid programs; and fraud control provisions and monitoring.

Medicaid uses the Medicaid Management Information System (MMIS) to verify that the participant was Medicaid-eligible on the date of service delivery specified in the request for reimbursement and allows payment only on claims for services provided within the eligibility period. Prior to processing claims, the automated claims management system edits claims for validity of the information and compliance with business rules for the service/program, and calculates the payment amount and applicable reductions for claims approved for payment. For example, unless the system verifies that a participant's current authorized plan of care has sufficient units in the plan of care to cover amounts claimed or that an authorized level of care is registered in the claims management system, the claim will be rejected.

Idaho uses a fiscal review process to ensure that providers for the various Medicaid 1915(c) waivers are complying with program requirements. The methods used in the fiscal review process include examination of financial and service records as well as plans of care and other records; comparison of provider billings to service delivery and other supporting documentation. The provider must maintain documentation that supports the claims. If the provider fails to maintain the required documentation, all improper payments are recovered.

The State also recovers payments when it verifies the provider was overpaid because of improper billing. The state may take adverse action against the provider's contract or require a corrective action plan for any fiscal review finding. The Program Integrity section in the Division of Medicaid conducts reviews to identify provider agencies who appear to be abusing or defrauding Medicaid, identifies and collects provider and recipient overpayments, educates providers and recipients when errors or abuse is detected, ensures that recipients' rights are protected, and identifies needs for policy and procedure definitions or clarifications.

Evaluation

Idaho did not choose to evaluate unique aspects of the Idaho Home Choice MFP program but was part of the National Quality of Life evaluation. The Centers for Independent Living administered the Quality of Life Surveys. Idaho conducted 642 Quality of life surveys during the national evaluation period.

Final Budget

Please refer to **Attachment 10.** for the MFP Demonstration budget related information.

Enrollees

Idaho proposes to transition 600 individuals to the community beginning in April 2011. The table below is an estimate, by population, of the unduplicated count of individuals by calendar year who will transition.

Calendar Year	Elderly	Individuals with MR/DD	Physically Disabled	Mental Illness	Total
2011	0	2	2	0	4
2012	25	14	22	5	66
2013	19	12	36	7	74
2014	24	13	57	2	96
2015	28	13	39	1	81
2016	30	16	45	4	95

2017	35	15	47	0	97
2018	35	15	37	0	87
TOTAL	196	100	285	19	600

Services

The following cost estimate is for the entire ten-year MFP demonstration period and includes estimates for all qualified HCBS waiver, and demonstration services to be provided to the MFP demonstration population. Based on this cost estimate, \$33,253.00 is the program annual service cost per enrollee. It is estimated that Idaho will need to seek supplemental funding in Year 4 through 10 to transition 600 participants.

Demonstration Services Cost Estimate (Calendar year 2011 - 2018)	Total Costs	Federal	State
Qualified HCBS	\$16,061,517	\$14,213,732	\$1,847,785
Demonstration HCBS	\$3,890,540	\$3,000,000	\$890,540
Total	\$19,952,057	\$17,213,732	\$2,738,325

Administrative Budget

The table below contains the programmed administrative costs associated with the routine administration and monitoring activities directly related to the provision of services and benefits throughout the demonstration period. The administrative amounts include salary and fringe benefits for the Home Choice Program Manager 2 and the Program Manager 1. The costs also include indirect charges per federal regulation, travel, marketing and outreach supplies, and equipment. As mentioned in previous section, Idaho is working collaboratively with the U of I Centers of Excellence to develop transition management services.

Administrative Cost Estimate (CY 2011- 2016)	Total Costs	Federal	State
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Administrative (Normal)	\$ 50,253	\$ 25,127	\$ 25,126
Administrative (75%)	\$ 144,859	\$ 108,644	\$ 36,215
Administrative (Other) 100%	\$ 2,432,595	\$ 2,432,595	\$ 0
Total Administration	\$ 2,627,707	\$ 2,566,366	\$ 61,341
Federal Evaluation Supports – QOL Surveys	\$ 57,700	\$ 57,700	\$ 0
Total Administration and Evaluation	\$2,685,407	\$2,624,066	\$61,341

Evaluation Budget

Idaho has not proposed to evaluate unique design elements from the Idaho Home Choice demonstration at this time, but will include money for the National Evaluation utilizing the QOL survey. The \$79,500 is equal to the number of surveys times \$100 (baseline, follow-up #1 and follow-up #2) for the demonstration period.

Budget Narrative

The preceding projections are based on the estimated number of Idaho Home Choice participants and the historical costs of HCBS waiver enrollees unique to each of Idaho's HCBS waiver programs. Idaho built the Home Choice program cost projections starting with the qualified HCBS waiver and long-term state plan services average cost and adding the demonstration services.

Qualified HCBS and State Plan Program Services

HCBS waiver cost caps were utilized because Idaho will use the existing HCBS waiver structure to alleviate the need to transition consumers on the 366th day. These cost projections were multiplied by the total member months based on the program enrollment and setting to which the enrollee is likely to transition. Idaho then calculated the enhanced federal match based on the

first 12-month enrollment period for each phased-in enrollee, taking into account that as Idaho Home Choice participants are phased in, other Idaho Home Choice enrollees phase out and revert to the regular federal match rate.

Demonstration Services

The cost of demonstration services were calculated based upon establishing authorization limits and reimbursement costs for similar services as they exist within current waiver programs and state plan service provision and programmed forward. Projected costs and utilization assumptions were then added to Idaho Home Choice qualified HCBS service projections.

Administrative Costs

a. Personnel.

Personnel costs include salary for a full time Project Manager 2, and a full time Project Manager 1. Additional detail for these positions can be found above in C.2 Staffing plan.

b. Fringe benefits.

The Fringe benefit rates for each year are 40% on the 2.0 FTEs.

c. Contractual costs

Contractual costs include \$50,000 for the first year of the grant for IT Development and Testing and \$8,000 per year for years 2-5 for any additional IT development and testing that is needed. Contractual costs also include curriculum development and training for the Transition Managers.

d. Indirect Charges, by federal regulation.

Indirect charges have been set at \$32,215.80 per year for a total of \$161,079 over the course of the 5-year program

e. Travel

Travel costs cover travel to National, local, state, and regional MFP-related meetings and presentations. This also includes travel for all marketing and outreach activities.

f. Supplies

Costs for supplies built in for each year include paper, printing, telephone, postage and other miscellaneous supplies including outreach and marketing materials such as brochures, videos, and other media.

g. Equipment

Equipment costs include a computer for each staff position, an in-focus machine for presentations.

h. Other costs

These include translation, mail, forums, and Idaho Home Choice Committee and Advisory Council support.

OMB Forms and Assurances

Idaho requests \$622,250 be awarded for CY 2011, \$2,025,135 be awarded for CY 2012, \$2,423,242 be awarded for CY 2013, \$2,081,108 with supplemental funding of \$835,595 be awarded for CY 2014, supplemental funding of \$3,011,345 be awarded for CY 2015, supplemental funding of \$1,398,959 be awarded for CY 2016, supplemental funding of \$3,732,205 be awarded for CY 2017, supplemental funding of \$2,584,194 be awarded for CY 2018, supplemental funding of \$1,389,901 be awarded for CY 2019, and supplemental funding of \$372,816 be awarded for 2020.

Quality

Idaho will assure that the MFP Demonstration will meet the existing level of quality assurance and improvement activities of the current 1915(c) waivers. Our MFP

Demonstration will utilize existing 1915(c) waiver quality assurance processes as currently approved by CMS.

Informed Consent

Idaho assures that it will comply with all requirements of 45 CFR 46.116 in the process of obtaining informed consent for participants or their authorized representatives, and with all requirements of 45 CFR 46.117 in documentation of that consent. Information about the demonstration program will be presented to enable participants or their representatives to voluntarily decide whether to participate as a research subject.

Choice of Community-Based Residence

Idaho assures that an individual, who is eligible for services under the demonstration program, or his or her legal representative, will be informed, during the assessment and eligibility process, of feasible alternatives for long-term care and given a choice as to which type of community-based service to receive. Program staff will document the offer of choice on the MFP demonstration election form. The offer of choice will be given before the individual enters the demonstration program. The individual's, or his or her legal representative's, signature is obtained when possible. If it is not possible to obtain the individual's, or his or her legal representative's, signature on the form, confirmation of the choice can be documented by a witnessed mark of the individual or his or her legal representative, a letter from the legal representative indicating choice and acknowledgment of fair hearing opportunity or a witnessed and documented phone conversation with the individual or his or her legal representative regarding choice and fair hearing opportunity.

Maintenance of Effort

Idaho assures that the total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the Money Follows the Person demonstration program than for the greater of such expenditures for fiscal year 2009. Idaho assures that it will provide information as required by the CMS to monitor this assurance. Idaho intends that all MFP demonstration participants will be entitled to the full range of home and community-based services under the appropriate 1915(c) waiver after their MFP transition ends. Idaho further intends to continue to offer the “qualified Home and Community-Based Program services” under the MFP to 1915(c) waiver participants at the end of each phase of the MFP demonstration, dependent on provider availability. Required Maintenance of Effort forms and narrative are found in Attachment 11 of this application.

Reporting

Idaho assures that it will compile and transmit reports as required by CMS that will permit reliable comparisons of MFP programs across states.